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ABSTRACT

These coordinated components focus on the career cluster of child care and guidance, management, and services. The reference book provides information needed by employees. Each chapter begins with competencies to develop and objectives to achieve. Within the text, bold-faced vocabulary terms are defined. Each chapter concludes with a content summary in the "points to remember" section, a listing of the vocabulary in "words to know," and questions for review, which is a self-test for the students. The 27 chapters cover the child care profession, careers, child care center, influences on child development, wholesome child care environment, health awareness, healthy environment, safety, emergencies, daily routines, development, physical development, emotional/social development, mental/intellectual development, teaching strategies, newborns and infants, toddlers, preschoolers, school-age, development in children with special needs, guidance and child behavior, family management, child care program administration, curriculum management, food service management, financial management, and parent, community, and professional relationships. Unit tests and answer keys are appended to the reference book. The student activity book provides a variety of pencil-and-paper activities correlated with the chapters in the reference book. Each chapter begins with competencies to develop and objectives to achieve, followed by a short paragraph describing the purpose of the chapter. (YLB)

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CHILD CARE AND GUIDANCE MANAGEMENT AND SERVICES
REFERENCE BOOK AND STUDENT ACTIVITY BOOK

HOME ECONOMICS CURRICULUM CENTER
TEXAS TECH UNIVERSITY

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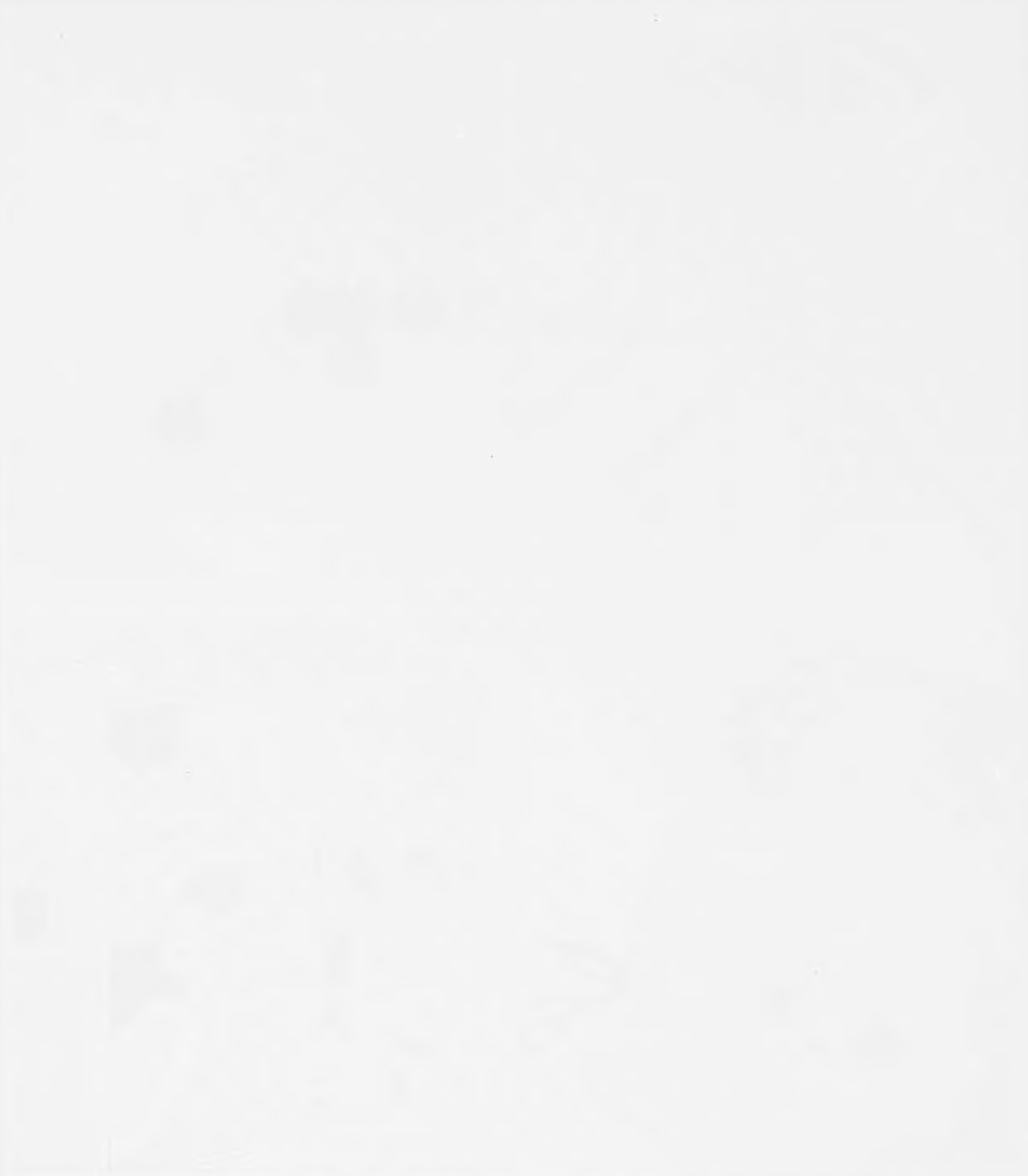

CHILD CARE AND GUIDANCE, MANAGEMENT, AND SERVICES

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Vocational Home Economics Education
Austin, Texas

JANUARY, 1989

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(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

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GUIDE TO ESSENTIAL ELEMENTS

Child Care and Guidance, Management, and Services (TAC 75.83)

Child care and guidance, management, and services (two-three units) shall include the following essential elements. This guide is provided for use in identifying the required essential elements, the correct codes for documentation from the Texas Administrative Code (TAC), and the chapter(s) of the curriculum materials which address(es) each element.

Required Essential Elements	Related Chapters
(f1A) Describe factors affecting the growth and development of young children.	4, 5, 6, 11, 12, 13, 14, 15
(f1B) Point out developmental differences in children of various ages.	8, 11, 12, 13, 14, 16, 17, 18, 19, 20
(f1C) Demonstrate techniques to assist children in developing acceptable behavior patterns.	13, 17, 18, 19, 20, 21, 22
(f2A) Identify signs of child abuse.	3
(f2B) Describe appropriate procedures for responding to suspected child abuse.	3, 4
(f2C) Plan ways to assist children in their adjustment to child care.	13, 21
(f2D) Describe guidelines for communicating with parents/guardians of children.	3, 4, 10, 23, 27
(f2E) Evaluate nutritional value of snacks and/or meals.	7, 25
(f2F) Point out important considerations concerning children's clothing.	7
(f2G) Demonstrate ways to assist children with clothing.	7, 10
(f2H) Point out guidelines for assisting children with routine activities.	10
(f3A) Summarize the need for proper climate control and lighting.	5, 7
(f3B) Analyze the components of a stimulating environment.	5
(f3C) Apply principles for maintaining a safe and healthy environment.	3, 5, 6, 7, 8, 9, 21, 22, 24, 25
(f3D) Apply housekeeping and maintenance at the child care setting.	10, 22
(f4A) Apply procedures and policies in a child care setting.	1, 6, 8, 9, 10, 23
(f4B) Demonstrate appropriate teaching methods and skills.	10, 16, 17, 18, 19, 20
(f4C) Apply techniques for learning activities of children.	15, 19, 21, 22
(f4D) Point out appropriate techniques when working with children with special needs.	20
(f4E) Apply classroom management and program planning techniques.	3, 5, 10, 15, 16, 17, 18, 19, 20, 21, 22, 24
(f4F) Assist with management procedures in the child care setting.	3, 22, 23, 24, 25, 26, 27

GUIDE TO COMMON ESSENTIAL ELEMENTS

Child Care and Guidance, Management, and Services (TAC 75.83)

Elements listed in the following section are common to all home economics courses and are specifically addressed in the *Child Care and Guidance, Management, and Services* curriculum materials.

Common Essential Elements Addressed	Related Chapters
(a2A) Identify employment opportunities and preparation requirements in chosen field.	2
(a7A) Relate personal characteristics to the appropriate career(s) addressed within each home economics course.	2, 9
(a7C) Discuss demands and rewards in relation to personal and family life.	2
(a7D) Demonstrate effective money management.	26

PREFACE

With ever-increasing numbers of women entering the paid labor force, great social changes have affected families and the need for child care in this country. More families are single-parent, female-headed families with young children. Statistics show that most employed women in the United States face clear economic needs and desire good quality child care for their children.

A number of factors have been identified which directly relate to positive outcomes for children from child care programs. One factor is the training of caregivers. Specialized training has been found to have positive effects as well as prevent negative effects on children enrolled in child care facilities. Occupational child care training programs provide excellent opportunities for students to be trained as child caregivers.

Career opportunities range from beginning jobs open to the inexperienced, to positions in teaching and administration (some requiring advanced training). Employment opportunities and qualification requirements of employees vary significantly according to location, child care facility, and program goals and objectives. Therefore, potential child care employees will find varying situations available for employment. This reference book presents information based on ideal employment situations which may be found in the field of child care. Readers should understand that situations vary and that the concepts presented can easily be adapted for application in different child care settings.

Occupational Education Series

Child Care and Guidance, Management, and Services is part of an occupational education series which focuses on a broad range of employment opportunities. Each title in the series addresses one career cluster. The materials may be used for one or two years of instruction. The instructional materials designed for this cluster include three components:

- The *Reference Book* provides information needed by employees in the occupational area. Each chapter begins with Essential Elements and Objectives to Achieve. Within the text, italicized, bold-faced vocabulary terms are included with definitions or explanations. Illustrations aid student learning. The content of each chapter is summarized in Points to Remember. The vocabulary terms are repeated in a list of Words to Know. Technical terms and concepts may be located quickly by using the index. Questions for Review are provided for the student as a self-test.
- The *Curriculum Guide* provides a variety of teacher information. Teaching strategies, teaching aids, laboratory management guides, and test questions are coordinated with the chapters in the reference book.
- The *Student Activity Book* provides a variety of pencil-and-paper activities. Activities are provided for all objectives on the Objectives to Achieve lists and correlate with chapters in the reference book.

Reference Book

The *Child Care and Guidance, Management, and Services* reference book is concentrated on the skills and attitudes needed for successful employment in the field of child care. The book is organized into 27 chapters and is intended to be used as needed, not in any particular order. No one reference can provide all of the information needed for a career in a particular field. Students should be encouraged to study various topics more intensively, to use additional references, and to apply the information in either laboratory or on-the-job training. Hands-on experience is essential to understanding the concepts of child care and guidance, management, and services.

1

Chapter One

The Child Care Profession

ESSENTIAL ELEMENT

- Apply procedures and policies in a child care setting.(f4A)

OBJECTIVES TO ACHIEVE

- Explain the family's role as the primary caregiver of the child.
- Identify reasons for the increased demand for child care services.
- Identify the characteristics of a good child care program.
- Describe ways child care programs may be classified.
- Identify recent trends in child care.

Parents are the ***primary caregivers*** for their children. The child care profession provides secondary or substitute care. ***Secondary care***, therefore, can be seen as adding to the care that parents give their children. The ***child care profession*** includes secondary child caregivers and the services they offer. As consumers, parents who need child care services make choices about available services.

The Child Care Profession

In this book, the term ***caregiver*** refers to a person (secondary caregiver), who has the job of caring for children in the child care setting. Caregivers may be directors, teachers, associate teachers, or teacher assistants. However, when certain duties belong to a specific person, such as the director, a job title will be used rather than the general term, "caregiver." Caregivers have a nurturing, caring role. ***Child care*** refers to secondary child care. The term "parent(s)" refers to persons who are the main caregivers for children. Parent(s) can be biological or adoptive parent(s) or the legal guardian(s) of a child.

CHILDREN UNDER AGE SIX BY WORK STATUS OF MOTHERS

			Change	
	1980	**1990**	**Number**	**Percent**
Children with Two Parents, Mother Not Employed	8,435,000	7,594,000	-841,000	-10
Children with Mother Only, Not Employed	1,219,000	1,609,000	390,000	32
Children with Two Parents, Mother Employed	6,930,000	9,394,000	2,464,000	36
Children with Mother Only, Employed	1,777,000	2,786,000	1,009,000	57
Other •	1,268,000	1,614,000	346,000	27
Total Children	19,629,000	22,997,000	3,368,000	17

• This category includes children living with their fathers only as well as those living with neither parent.

Source: 1980 U.S. Census figures with projections for 1990.

Table 1.1

The need for child care services increases as both parents work outside the home. In 1950, only 12 percent of mothers worked outside the home. By 1983, 50 percent of all mothers with children under six were in the labor force. Table 1.1 shows the number and percentage of children under six whose mothers work. It also projects numbers for 1990.

The present trend is for both parents of young children as well as parents of older children to work outside the home. As a result, the demand for infant and toddler programs has increased.

Changing lifestyles affect the number of working parents. Working parents may be married, separated, divorced, widowed, or never married. Growing numbers of children under 18 are being reared by single mothers or single fathers. Most single parents must work outside the home to support their children.

Interest in early childhood education is another reason there is more demand for child care services. ***Early childhood education*** is for young children from infancy through the elementary school years. After-school programs serve young school children.

Early childhood education first included children three to eight years of age. However, parents and educators are becoming more aware of the importance of early childhood development. Many nonworking parents who do not need child care services are choosing child care for their children. These parents see the importance of helping their children to grow in different areas. Studies done in the past ten years show that good child care programs can improve the development of young children.

CLASSIFICATION OF CHILD CARE PROGRAMS

Terms related to child care programs are often confusing. Programs can be classified according to how many hours they are open, number of children served, types of services offered, curriculum structure, or funding structure. Depending on a number of factors, any type of program can range from excellent to poor.

A good program aids the physical, emotional, social, and intellectual development of children. It also meets the needs of the families served. Safety of children is always an important factor.

Hours Open

Half-day programs offer primary caregivers/parents opportunities to leave children for four or less hours on weekdays. Children may attend every day or on selected days.

Full-day programs offer sessions of more than four hours but less than 13 hours. They provide child care for the primary caregivers/parents who work these hours.

Extended day programs offer before-school, after-school, holiday, and/or summer care for kindergarten and school-age children enrolled in other programs. A new trend is for public schools to offer preschool education programs to families.

Number of Children Served

Individual care involves one caregiver taking care of one child, one family's children, or children from different families. Individual care is usually provided in the home of a caregiver.

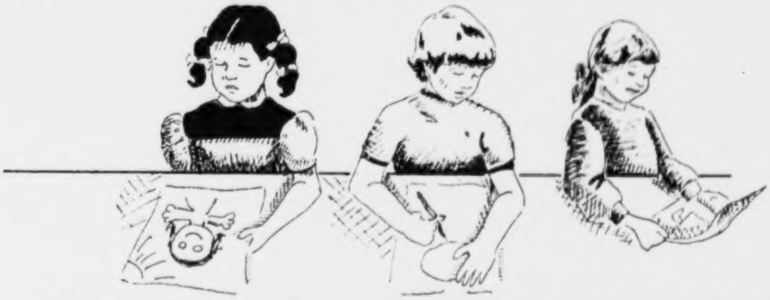
Group care is child care service in which children are cared for in groups with various arrangements possible. The number of children in a single group facility may range from as few as 6 children to 200 or more children. Most group care programs offer services for two to five-year-old children. In addition, some group care programs provide service to infants and toddlers. When caregivers provide child care services for groups of children in a home, the facility is called a ***family day home***. A ***child care center*** is a facility used to provide group care for children in a location that is not a home.

Services Offered

Child care programs offer different types of services to families. The types of services offered can be classified as custodial care, developmental care, and comprehensive care.

Some individual caregivers offer only ***custodial care.*** In a custodial care program, the main concerns are safety and health. The children are not involved in planned programs which help their development. Custodial care does not meet licensing standards. In most cases, "baby-sitting" would be classified as custodial care.

Child care centers that offer ***developmental care*** use planned activities. They also provide a safe setting. A good developmental care program is based on knowledge of early childhood education principles.



Child care programs offering ***comprehensive care*** provide a safe setting, developmental child care programs, and health and social services to children and their families. Although more services are provided than with other programs, some families do not need these services; those who do may pay extra for them. This type of day-to-day child care is not necessarily better than the care offered in less comprehensive programs. Comprehensive child care centers usually serve a large number of children. Special services offered by a comprehensive child care program may include those in the following list. All of these services are not offered in every comprehensive program.

- ***social services*** for the families served (include helping families understand and benefit from government programs and referring families to governmental and community agencies that provide family services)
- health services at the center or referrals to health agencies when needed (immunizations, dental checks, and hearing and vision screening sometimes provided); care for sick children
- ***sliding fee scale*** (fees vary according to families' ability to pay)
- family day care (usually for infants and toddlers) when requested
- research or experimental programs (usually in child care laboratories in colleges and universities)
- before-school, after-school, and summer programs for school-age children
- transportation
- specialized programs (including swimming, horseback riding, computer instruction, gymnastics, etc.)

Curriculum Structure

Curriculum is a planned program for teaching and learning. Curriculum structure may differ because programs may be based on different philosophies of learning. A ***learning philosophy*** is one's opinion on the best way for children to learn. For example, many schools are founded on the philosophy that children learn best when they are free to choose activities they like from several enriching activity choices. Some programs are based on the philosophy that young children learn best in a structured environment.

Funding Structure

Child care programs have different funding sources. Some operate for profit while others do not.

Most small, private child care programs serve fewer than 35 children and are located in residential areas. Many of them provide a home-like atmosphere where staff members know each other and the children well. Parents usually pay the total cost of care for their children.

Larger child care centers usually have 35 or more children. They may be owned by private persons or may be sponsored by community groups.

A child care ***franchise*** is part of a chain of child care centers owned by one individual or group of individuals. They have similar centers in several locations. For example, in 1985 one child care franchise had more than 850 centers in 40 states and Canada. Ideally, a child development professional runs the child care program.

Some child care programs are sponsored by community groups, social agencies, schools, or churches. The group operates and sometimes provides money for a center. Parents are often charged a fee on the basis of their income level. If more money is needed to run the program, the money comes from the sponsoring group, from the community, or from private donations. Sometimes money to run a nonprofit child care program comes from a private foundation or from a government grant. For example, Head Start is a licensed program sponsored and funded by the federal government.

A growing trend in child care programs is employer-sponsored child care services. The employer may provide a child care program in or near the work place of the parent. Most of these are nonprofit operations and charge low prices. Other employers may offer child care information and may pay part of the child care expenses to attract and keep employees.

Most public schools now assume some of the cost of child care by requiring kindergarten programs for five-year-olds. ***Kindergarten*** is a traditional early childhood education program for five-year-olds. Many schools have changed their kindergarten programs from half-day to full-day. Public schools in some states are now also offering programs for four-year-olds. Texas public schools, by law, now offer half-day prekindergarten programs for low-income and non-English speaking four-year-olds. Some school districts have chosen to make prekindergarten programs available to all four-year-old children.

Points To Remember

- Parents are the primary caregivers of their children. The child care profession provides secondary or substitute care for children. As consumers of child care services, parents who need child care services make choices about available services.
- The demand for child care services and child care workers is increasing. The demand is increasing because more mothers of young children are in the work force and parents have found that early childhood education programs are helpful to children. The need for child care services for infants and toddlers is growing faster than the need for services for older children.
- Early childhood education is for young children from infancy through the elementary school years. Parents and educators have become more aware of the importance of helping children develop properly through child care programs. For this reason, even nonworking parents often choose child care services to help their children.
- Child care programs can be classified according to how many hours they are open, the number of children served, the types of services offered, the curriculum structure, or the funding structure.
- Individual care involves one caregiver taking care of one child or a small group of children. Group care facilities provide care for larger groups of children.
- Child care may be custodial, developmental, or comprehensive. Custodial care does not meet licensing standards.
- In a custodial care program, the main concerns are health and safety. The children are not involved in planned programs to help their development. Developmental programs use planned activities to help children grow physically, emotionally, socially, and intellectually. Comprehensive programs offer a variety of services such as transportation and after-school programs.
- Curriculum is a planned program for teaching and learning. It may differ in child care programs because of learning philosophies. A learning philosophy is one's opinion on the best way for children to learn.
- Child care programs may be businesses that provide a service to make a profit. Some programs are franchises and offer programs in many locations. Others are small and are owned and operated by a single person with a small staff. Nonprofit programs are sponsored and/or funded by government agencies, church or community groups, private donations, or private foundations.

- A recent trend in child care is employer-sponsored child care services. The service may be a child care program at the work place, contract services with local child care programs, or information services to help employees find good child care programs. Employers may pay all or part of the cost of child care for their employees.

- Public schools pay some of the cost of child care by offering kindergarten programs for five-year-olds. Some public schools now offer prekindergarten programs for four-year-olds.

Words To Know

caregiver
child care
child care center
child care profession
comprehensive care
curriculum
custodial care
developmental care
early childhood education
extended-day programs
family day home
franchise
full-day programs
group care
half-day programs
individual care
kindergarten
learning philosophy
primary caregivers
secondary care
sliding fee scale
social services

Questions For Review

1. What is secondary child care? What role does the child care profession play in providing secondary care?
2. Why is the demand for child care services increasing? Give at least two reasons for the increase.
3. One caregiver offers custodial care while another offers developmental care. Which caregiver is most likely to be following the principles of early childhood education? Explain.
4. List five ways child care programs can be classified.
5. What are the features of a child care franchise?
6. Discuss recent trends in employer-sponsored child care services.
7. Discuss recent trends in early childhood education programs in public schools.

2 Chapter Two
Careers in Child Care

ESSENTIAL ELEMENTS

- Identify employment opportunities and preparation requirements in chosen field.(a2A)
- Relate personal characteristics to the appropriate career(s) addressed within each home economics course.(a7A)
- Discuss demands and rewards in relation to personal and family life.(a7C)

OBJECTIVES TO ACHIEVE

- Identify levels of employment and job titles in the field of child care.
- List the requirements for various levels of child care employment.
- Describe the qualities of successful child caregivers.
- Explain how to get and keep a job in child care.
- Explain ways to advance in the child care profession.

Child care offers many exciting and rewarding chances for jobs. Prospects for future work and promotions are good for child care workers who earn important credentials. A ***credential*** is proof that a person has completed education or certain job experience.

The state minimum standards (or funding agency guidelines) state basic employee qualifications. However, the director, with help from the board of directors, may set higher requirements. National Association for the Education of Young Children (NAEYC) recommendations may be used. The goals and objectives of the child care program influence the types of caregivers employed.

Types of Jobs

In the field of child care, there are jobs you can do right now. There are other jobs that may take some training or several years of education. Learning about child care will give you a chance to see if you may want a career in this area.

Jobs in child care are classified different ways to describe what tasks are done by persons who work in these jobs. Each state has different requirements which a child care center must meet to get a license. These requirements affect the types of jobs in child care and what education and experience persons must have in order to hold jobs. Each child care center may also add their own requirements for workers who are hired by them. Because of these differences, it is hard to list all jobs available. The following general descriptions help to classify jobs by type.

ENTRY-LEVEL

An ***entry-level*** job is one which requires no special training. In this book, the term ***teacher assistant*** refers to an entry-level child care employee. An entry-level employee may also be called a trainee, student in training, child care aide, day care aide, or child development aide.

A teacher assistant follows a teacher's or associate teacher's plans and is supervised by someone with more work experience and/or education. Most states require that child caregivers be at least 18 years old. High school students with child care training are sometimes hired in these positions.

LEVEL 2

Persons with certain work experience or education may become ***associate teachers.*** Most associate teachers receive an associate degree in early childhood education/child development from a college. An associate degree requires about two years in college. Some associate teachers only have a ***Child Development Associate (CDA)*** credential. This means they have reached certain goals through their work as a child caregiver. The credential is given based on abilities and experience.

Associate teachers have gained abilities through their work and/or education. They are given more responsibility than entry-level child caregivers. Associate teachers direct their own program activities and are assigned to care for and teach a group of children.

LEVEL 3

Level 3 jobs include different levels of responsibility. One of these positions, ***teacher***, is similar to the position of associate teacher. The different titles show that people in these jobs have different education levels. Teachers have a bachelor's degree in early childhood education/child development. A bachelor's degree requires about four years in college. Other level 3 positions are supervisor, lead teacher, professional certified teacher, and child development director.

LEVEL 4

Level 4 jobs are professional management jobs. Persons in these jobs may be called early childhood ***specialists***. They are required to have a graduate degree (master's or doctor's degree) or must have worked for three years in a level 3 job. Specialists may supervise and train staff members. They may also plan and manage child care programs.

RELATED JOBS

There are many careers which allow a person to work with children besides those already listed. Examples are social workers who help people with emotional and social problems. Special education teachers work with children who have learning problems. Pediatricians and dentists are medical doctors who treat children. Recreation workers often work directly with children. Many other jobs involve skills in working with children.

Desirable Qualities of Successful Child Caregivers

All successful child caregivers have certain traits in common. Caregivers who possess these traits have the ability to work in a ***professional*** manner. These professional traits include:

- care and concern for children
- desire to learn more about how young children develop
- good communication skills with children and adults
- good physical and mental health
- ethical principles
- a positive attitude toward work
- active interest in the career

Most important, successful child caregivers enjoy children. They work with children in a warm, relaxed, and friendly manner; have a desire and the ability to help explore the child's world; and have patience. Successful child care workers respect children as learning, growing people.

Child care workers should also be willing to learn more about children and how they develop. A basic knowledge of child development, child rearing, and child guidance methods is important. Entry-level workers will grow and learn through training and experience. Many may move to higher-level jobs. Learning to follow instructions and accept criticism is very important.

Good communication skills are important for child caregivers. They need to communicate well with children (including infants and toddlers) and with co-workers and parents. ***Communication*** involves sharing ideas and listening to advice from others. It is also important to help others to understand your ideas.

Caregivers of young children need to have energy and be healthy. They must be well groomed and clean in order to prevent the spread of germs. Caregivers should be rested and alert. They should have a positive self-concept in order to feel good about working with other adults and children.

A successful child caregiver is ethical on the job. To be ***ethical*** means to be fair, honest, and loyal. An ethical child caregiver follows the rules of the center, especially the rules for confidentiality. ***Confidentiality*** means that personal information about a child, a family, or a co-worker is not to be shared with anyone except a supervisor. Personal information is shared only if it is important to the safety, health, or understanding of a child. A caregiver also should not discuss a child's development or behavior with anyone in front of the child.

Entry-level caregivers should share any important concerns about a child's behavior with their supervisors. It is the director's and/or the lead teacher's job to share such concerns with the child's parents.

Child caregivers need a positive attitude toward their work because children copy the attitudes of people around them. A positive attitude involves being cooperative, cheerful, enthusiastic, dependable, and trustworthy. ***Dependable*** and trustworthy caregivers put the safety and well-being of the children above everything. They do the jobs assigned to them and help with cleanup tasks without being reminded.

People with different job titles do different jobs in a child care center. Some people work with children, while others manage the business of the child care center. Besides pay, child caregivers receive other rewards for doing their jobs. Rewards include good feelings about helping children and about people with whom one works. Everyone wants to feel that the job they are doing is worthwhile. When people understand the value of their work, they are more motivated to do a good job.

Before caregivers apply for a job in the child care center, it is important that individuals ask themselves several questions, such as the following:

- Do I enjoy working with children?
- Am I willing to accept more responsibilities and stress if I am promoted to a higher-level job?
- What effect will working longer hours and taking on more responsibilities have upon my personal and family life?

Getting and Keeping a Job

Applying for the first job in child care is an important step in a child caregiver's career. Knowing what to expect and preparing for a job interview will help future caregivers make a good impression.

LOCATING THE JOBS

Job openings can be found in a variety of ways. The vocational home economics teacher/supervisor can help students find jobs. School counselors may have information that will help. Other sources are newspaper ads and employment agencies.

Check with the training program teacher/supervisor and counselor first. Child care directors often contact high school counselors and/or training supervisors when they have job openings. When applying for a job, it is important to show interest and drive. Ask a teacher or counselor for advice when applying for those first jobs. Find the classified ad section for child care workers in a local newspaper. Get an idea about the variety of available child care jobs. When interested in a job opening, quickly submit an application.

Many cities have youth employment services which help teenagers find part-time and full-time work. There is no charge for this service. Professional employment agencies charge a fee for the same work but may know of jobs that are not found by most people. Before taking a job through an employment agency, be sure to understand how they charge for their services and what payment is required even if the job is lost.

Some jobs are advertised only through word-of-mouth or by notices placed on bulletin boards. Watch for job information from these sources. Also, try applying for work at a child care center even though the center may have no openings. Many businesses will keep applications on file.

If possible, apply for work at several different child care centers. This gives you more than one choice. Compare the types of facilities, the working conditions, the neighborhoods, and other factors that are important to you.

MAKING THE CONTACT

When a good job listing is found, decide how to make the contact. If the listing has a telephone number, call to ask about the job and ask for an interview. If invited for an interview, ask for the address, specific directions, and who to ask for on arrival. Write this information down. Take it to the interview.

If only an address is given in the listing, a letter of application and resumé should be sent. Always write or call ahead and set up a time for an interview. Do not arrive without an appointment. Make a good first impression. Often, people make a bad impression because of a poor telephone voice or because of letters sent containing poor grammar and misspelled words.

Chris Sampson
910 Broadway
Anytown, Texas 99999
(239) 848-2284
SSN: 666-84-7070

POSITION APPLYING FOR
Work in a child care center

EDUCATION
1984-1987 West High School; Anytown, Texas
1981-1984 Central Junior High School; Anytown, Texas

EXPERIENCE
1987-Present Playground Aide
Amy's Child Care Center
Anytown, Texas

1986-1987 Sales Clerk
Toni's Apparel Store
Anytown, Texas

ACTIVITIES AND HONORS
Future Homemakers of America/Home Economics Related Occupations
Spanish Club
Science Club
Principal's Honor Roll

REFERENCES
Lynn Hudson
411 Ash Street
Anytown, TX 99999
848-1974

Amy Goetz
742 Randolph
Anytown, TX 99999
848-4400

Pete Ruiz
211 Main
Anytown, TX 99999
848-4116

Figure 2.1

When invited for an interview, plan ahead. It is important to be clean and neat. Choose clothes that are right for the job. Casual dress clothes such as a skirt and blouse for females and dress pants and a buttoned shirt for males are correct for an interview. Plan to wear neat and comfortable shoes.

Plan ahead to take things needed for the interview. These include a good pen with black ink, social security number, proof of citizenship, and a health certificate. Also take along a typed resumé with references including names, addresses, and telephone numbers. ***References*** are people who can recommend another person for a job. A ***resumé*** is a paper that describes your background, special training, and work experience. Figure 2.1 shows a sample resumé.

FILLING OUT APPLICATIONS

A blank application form may be picked up at the center or mailed to you. Usually, an application will be filled out as part of the interview. Most application forms ask for the same basic information. This includes name, address, telephone number, social security number, schools attended, job history, hobbies, interests, activities, honorary or leadership positions held, and references. Some may ask for a short statement about career goals or why this particular job is interesting. Think about these things ahead of time.

When filling out application forms, read the instructions carefully. It is a good idea to write answers on scrap paper before filling in the application form. Having needed information at the interview will make you more sure of yourself. Write neatly. Writing gives a "first impression." Be sure to ask questions if unsure about what information is needed. Fill out all blanks honestly and clearly. If a question does not apply, write "does not apply," "NA" (for "not applicable"), or fill in the blank with two or three neatly drawn dashes.

THE INTERVIEW

Allow extra time to get to the interview. Plan to arrive five minutes early. When entering the place where the interview is to be held, find the interview room. Feel free to ask directions. Introduce yourself by saying your name clearly. Greet the person with a friendly smile. Be prepared to give a firm handshake.

Answer all questions sincerely and honestly. Offer the interviewer a copy of your resumé. Expect questions about why you are interested in a job in child care, what courses you have taken, what your strengths are for the job, what you see as your major weakness for the job, what age group you like best and why, what steps you are willing to take to be promoted, and "what if" questions about working with children.

Show your interest in the job by asking questions. If the interviewer has not given certain information, ask a good question like one of the following:

- What are the duties of this job?
- Who supervises the person in this job, and who should be asked for help and information while on the job?
- What are the chances for being promoted?
- What training and education are offered, and what is required?
- What is the salary range for this job (lowest to highest)?
- What are the employee benefits (insurance, vacation, sick leave, social security, etc.)?
- Where do the employees work? Ask to see the rooms and the playground used.

At the end of the interview, thank the interviewer for his or her time and consideration. If you are not told, it is correct to ask when a decision will be made about the job. Within a day of the interview, type a short note showing interest in the job and thanking the interviewer for the interview. If you do not hear from the interviewer by the time given, it is appropriate to call to see if someone has been hired.

Do not be discouraged if you do not get the job. Most people interview several places before finding the job that is best for them. Each interview helps you learn and prepare for other interviews.

KEEPING THE JOB

An important part of any job is cooperation with co-workers. ***Cooperation*** is very important with child caregivers because children should be in safe and happy surroundings. Child caregivers must be dependable.

New workers usually go through an orientation process. During the period of ***orientation***, learn about the goals of the program and the rules and procedures to follow. For example, make sure you know the steps to follow when children arrive and leave. Also, learn about guiding children and what to do in an emergency. The duties of all workers should be explained. During orientation, pay close attention to what is being said and take good notes. Try very hard to follow the procedures. The following guidelines will help you be successful in your job:

- Be on time for work.
- Be willing to come a few minutes early or stay a few minutes late if needed.
- Listen carefully when instructions are given. Complete your assigned tasks cheerfully. Ask questions if the instructors, or their instructions, are not clear.
- Follow the rules and procedures given for the program.
- Except in emergencies, do not do jobs which you were not assigned involving the children. In emergency situations, follow the emergency procedures given in orientation and get help from supervisors as soon as possible.
- Show that you like and enjoy the children's activities.
- Try to learn about child development through training offered.
- Above all, remember the children's safety and well-being are of primary importance.
- Set a good example for the children and co-workers.
- Do not repeat confidential information.
- Stay healthy.
- Talk with superiors about progress made on the job.

A ***probationary period*** is a set length of time that allows the director to evaluate the employee's performance. The employee is also able to evaluate job satisfaction. At the end of this period, the director may add the employee to the permanent staff or suggest that the employee seek another type of work. Letting an employee go after a probationary period is different than dismissal later on in employment.

ADVANCING IN CHILD CARE CAREERS

Most licensing agencies require a worker to complete a certain number of hours of classroom training in early childhood education each year. To be promoted in the field of child care, a child caregiver must gain education and experience. Keep a record of your training experiences for future employment. The number of hours required varies from state to state. In Texas, training must be documented in the staff's records at the child care center. The training may be approved ***in-service training*** offered by the center, or it may be training offered for academic credit at a vocational school, two-year college, or four-year college.

Points To Remember

- Types of jobs in child care may be grouped in a variety of ways. They may vary from state to state or from program to program.
- Job titles such as teacher assistant, associate teacher, teacher, and specialist are held by people with different levels of experience and education.
- Successful child caregivers have certain qualities in common. These traits include care and concern for children, desire to learn more about how children develop and learn, good communication skills, good physical and mental health, ethical principles, a positive attitude toward work, and an active interest involvement in the career.
- To get a job in child care, skills are needed in finding job openings, making contacts, filling out application forms, and interviewing.
- To keep a job in child care, employees should follow the role of successful child care workers, always think about the safety and well-being of the children in their care, follow the policies and procedures of the program in which they work, and cooperate with co-workers and superiors.
- Confidential information about a child should only be shared, when important, with the supervisor.
- Education and experience are important for a worker to advance in the child care profession. The high school diploma, the Child Development Associate credential or an associate degree, the bachelor's degree, and a graduate degree in early childhood education/child development are the credentials required for various job levels in child care.
- The Child Development Associate credential is earned based on abilities and experience.

Words To Know

associate teacher
Child Development Associate (CDA)
communication
in-service training
orientation
professional

confidentiality
cooperation
credential
dependable
entry-level
ethical
references
resumé
specialist
teacher
teacher assistant

Questions For Review

1. Explain the different levels of jobs in the child care profession.
2. What education or experience is required for each of the different job levels?
3. List ten qualities of good child caregivers.
4. What rules for confidentiality should be followed by child care workers?
5. What does it mean to be professional?
6. What are some guidelines to follow for getting a job in child care?
7. What are some guidelines to follow for keeping a job in child care?
8. What is the CDA credential?
9. What is the difference in approved in-service training and training for academic credit?
10. How are child care credentials documented?

3

Chapter Three
The Child Care Center

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques.(f4E)
- Apply principles for maintaining a safe and healthy environment.(f3C)
- Assist with management procedures in the child care setting.(f4F)
- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Identify signs of child abuse.(f2A)
- Describe appropriate procedures for responding to suspected child abuse.(f2B)

OBJECTIVES TO ACHIEVE

- Explain the chain of command in a typical child care center.
- Explain the need for a predetermined reassignment of staff duties in case of emergency.
- Describe and explain typical age and/or developmental groupings in a comprehensive child care center.
- Describe appropriate child care staff interrelationships and appropriate interactions with children and parents.
- List the reporting and record keeping duties of child care staff.
- Identify the personal and center liability concerns of child care.
- Explain the signs of child abuse.
- Demonstrate knowledge of child abuse reporting laws.

Staff Organization

Every group of people or business needs a ***chain of command*** so that workers know to whom they report. Child care workers are usually given regular duties and other duties to be done in case of emergency. These tasks should be made clear to workers when they first begin the job.

LEVELS OF RESPONSIBILITY

Many child care centers have a group of people who manage and guide the center. Often, this group is called the ***board of directors*** and is legally responsible for running the center. In Texas, all child care centers must have such a "governing body"; however, the governing body may be one person. The center director reports to the board of directors or to the owner of the center.

Every child care center must have a ***director*** who is in charge of the center. The director's job includes planning, carrying out, and checking the program; hiring, training, supervising, and dismissing workers; communicating with parents; meeting licensing and other regulatory standards; and handling the finances of the center. Sometimes the director is also the owner. Large centers might have two directors (or a director and an assistant director). In small centers, the director may also be a teacher.

The next step in the chain of command for a large child care center is ***age-level coordinators*** (supervisors) or ***lead teachers.*** These staff members are in charge of the educational program for a certain age or group. For example, a large center might have an infant/toddler coordinator, a preschool coordinator, and a school-age coordinator. They would work with the director to plan the overall program, help with staff decisions and problems, supervise staff, and communicate with parents of children in their groups. Age-level coordinators may also teach a group of children. Small centers will probably not have coordinators or lead teachers; the director will do these duties.

Teachers and associate teachers are the next step in the chain of command. They report to the age-level coordinator or to the director. Teachers (and associate teachers) are responsible for the children in the group they teach, for communicating with parents of these children, and for leading the educational program for their group. They also supervise teacher assistants (child care aides).

Teacher assistants help teachers (or associate teachers) with a group of children. Teacher assistants are not left alone with a group of children, but work with the teacher and follow the teacher's directions.

Teacher assistants perform many duties in the center. In addition to helping with a group of children, they might be asked to arrange chairs for group activities, prepare art supplies for art activities, straighten up activity areas at the end of the day, or assist with snacks and lunches.

Other staff may work at a child care center. These employees may include a secretary/receptionist, cook, and custodian. These workers do not play a direct role in the educational program of the center, but their work and the way they perform their duties affects the children. It is important for all workers in a child care center to work together to benefit the children.

STAFF ASSIGNMENTS IN EMERGENCY SITUATIONS

Some staff assignments will need to change in an ***emergency***. The center director needs to set a basic plan of action for emergencies and explain it to each worker during his or her orientation. Plans should be set for care of a child who becomes ill or injured while at the center. Information on contacting the child's parents is important. Child caregivers should know what is done during "normal" weather changes, such as a snowstorm or heavy rainstorm, when parents may be late in picking up their children. Workers should be told what to do in case of fires, explosions, tornadoes, and toxic fumes.

Because emergencies are unpredictable, only general emergency plans can be made. Following the plans may save lives, prevent harm to people, or protect an employee or the center from legal responsibility. One basic method is for the center to keep an accurate and current attendance list in a place known to all caregivers. In the same place, there should be a file of names, addresses, and telephone numbers of the children's parents and other people named by the parents that may be called in case of emergency. One caregiver should be in charge of taking the attendance list and emergency file from the center in case of evacuation so that they may be certain that each child is present and so that parents can easily be notified.

The employee who first sees an emergency situation should tell other caregivers immediately. The person highest in the chain of command takes charge until the director arrives. It is very important for all workers to remain calm in order to keep the children calm. No children should be left alone during an emergency. Whatever the emergency, the safety and well-being of each child is the most important concern.

How Children are Grouped

Children enrolled in a child care center are usually grouped by age or level of development. The largest group size is usually set according to rules which the center must follow to keep its license. The rules are usually based on the children's ages and the ratio of children to adult caregivers.

GROUPING BY AGE

When a child care center groups children by ages, the groups may be infants, toddlers, preschoolers, and school-age children. Some centers, especially small ones, may use multi-age groupings. Multi-age groupings are also often used during the time when children are arriving and leaving.

Infants

One of the greatest needs in child care is for infant care. Many child care centers do not offer infant care because it is expensive to provide since more workers are needed. For example, licensing standards in Texas in 1985 required at least one caregiver for every five children under 11 months of age, one caregiver for every 11 two-year-olds, and one caregiver for every 18 four-year-olds.

Infants in licensed child care centers are to receive more than just custodial care. As with other age groups, the physical, social, emotional, and mental needs of infants must be met.

Toddlers

The need for toddler care is also increasing. In general, a toddler is a child from one to three years of age who is developing walking skills. In some child care centers, toddlers may be separated into two age groups. Since toddlers are curious and very active, they need safe surroundings where they are free to explore while being closely watched by caregivers.

Preschoolers

Preschoolers, in general, are three and four-year-olds. Although, in some states, four-year-olds may be attending public prekindergarten all or part of the day. Preschoolers are learning to work in groups and to get along with other children.

Kindergarten-age Children

Most public schools offer a kindergarten program for children who are five years old. Many programs are half-day in length, but the trend is toward full-day kindergartens. Some public school systems have added prekindergarten programs for four-year-olds. Because of this change, there is a demand for certified early childhood education teachers. In Texas, prekindergarten is mandated for low-income and non-English speaking children.

Kindergarten programs generally place more emphasis on formal learning than do preschool programs, stressing prereading and premath skills. Child care centers sometimes offer kindergarten programs. However, most five-year-olds will attend a public or private kindergarten part of the day. The child care center may or may not provide a ride to and from a child's kindergarten.

School-age Children

Programs for school-age children (first graders and older) enrolled in child care centers are usually called ***extended day programs***, regardless of when the care is offered. Care may be offered before school, after school, during school holidays, and during the summer.

Because the needs of school-age children are different from those of younger children, the extended day program needs to be as separate as possible from the preschool programs at the center. If children come to the center after a school day, they need a nutritious snack, a place for privacy, and a place for physical activity. They may work on their homework while at the center and may participate in an after-school tutoring service, if provided.

Extended day programs, especially during the summer, include transportation to and from swimming, ballet, music, or other types of lessons, or to softball or soccer practice. Parents usually pay an extra fee for these special services and take responsibility for the safety of their children while they are away from the center.

Some centers offer ***self-care programs*** for older school-age children. In a self-care program, the school-age children enrolled at the center stay in their homes when they are not in school, but they can call the center in case of emergency, if they are frightened or lonely, or if they need advice.

Multi-age Groupings

Multi-age grouping (grouping children of different age levels together) has some advantages. When an older child helps a younger child, it gives the older child the chance to be in charge and responsible. As a result, he or she develops a good self-image. The younger child gains by getting special attention and learning to get along with older children.

Caregivers who work with multi-age groups should be aware of problems that can happen when children of different ages are together. Problems may include older children "bossing" younger children and safety concerns, especially during outside play.

GROUPING BY DEVELOPMENTAL STAGE

Developmental stage grouping means that children move to the next group when they are "ready" for the activities of that group. Because developmental stage groupings help children develop, the children in each group are constantly changing based on how they mature.

Young children are usually grouped by physical development. For example, crib infants might be cared for in one area, creepers in another, and crawlers in another. Toddlers, at various stages of toddlerhood, might be grouped by their walking and climbing skills. Slightly older children might be grouped by whether or not they are toilet trained. Preschool-age children, if grouped by developmental stage, are more likely to be grouped by social and emotional behavior rather than by physical ability.

Children usually go through certain "stages" at certain ages. Developmental stages are discussed in detail in Chapters Twelve and Sixteen.

Working with Staff, Parents, and Children

Caregivers should communicate well with children and adults. The emotional "climate" of a child care center should be relaxed and friendly.

STAFF RELATIONSHIPS

A caregiver understands the differences in peer, subordinate, and supervisory staff relationships. A ***peer relationship*** is the relationship of an employee with other employees at the same job level. Peers are equal in responsibility and authority level.

All employees except the director are in one or more ***subordinate relationships.*** This means that on a daily basis they receive instructions from and report to at least one person at a higher job level than their own. For example, teacher assistants are subordinates to teachers. Teachers report to lead teachers. Lead teachers report to age-level supervisors. Age-level supervisors report to the director.

In turn, employees who supervise other employees are in a ***supervisory relationship.*** In a large child care center, all caregivers except teacher assistants usually have some supervisory jobs. The cooperation of caregivers is important to the well-being of the children at a child care center. When staff members get along well together, children usually get along well together.

Several guidelines help the center run smoothly. These guidelines include the following:

- Know your own duties and be aware of the duties of other staff members.
- Be a team player and volunteer to help others, when time allows.
- Work toward the goals of the center and follow its rules.
- Do not talk about other staff members.
- Use good communication skills.
- Follow the center's policy for reporting complaints. If the center does not have such a policy, talk to your supervisor or the director privately about the concern.

RELATIONSHIPS WITH PARENTS

When having contact with parents, caregivers should express positive feelings about working with their child. Follow the guidelines on the following page in daily informal contacts with parents.

- Accept parents as they are.
- Be pleasant and friendly. Make arrival and departure times pleasant times for parents and children.
- Learn to recognize each parent. Call them by name (Mr. Jones, Mrs. Smith) when greeting them. Make eye contact with parents when speaking to them.
- Report only examples of their child's behavior that are positive. Unless told to do so by a supervisor, do not report or answer a parent's questions about a child's negative behavior. This is the job of the supervising teacher or the director and should be done in a parent/teacher conference. If parents continue to ask questions, refer them to the supervisor in a way that will not embarrass the child.
- If parents ask for help or for other types of information the caregiver is not assigned to give, refer them to someone on the staff who can help.
- Keep information about the family and the child care center confidential. Report information that concerns the well-being of a child or of the center to the teacher or supervisor.
- Have the children ready when parents return for them.
- Assist parents in helping children leave the center. Sometimes children would rather stay at the center than go home. Tell children nicely that it is time for them to go home and that they can come back tomorrow.

WORKING WITH CHILDREN

As a child caregiver, the most interesting and rewarding interactions are with the children. Several general guidelines for working with children in positive ways include the following:

- Work with the children in ways that will help reach the goals and follow the rules of the center.
- Make eye contact with children and listen carefully to what is said. When talking with a child, give that child your full attention. Sit or kneel down so the child can see you face to face.
- Let the children know that you like them. Have a caring attitude. Show your care for each child by your tone of voice, treat each child fairly, and show appropriate affection.
- Be firm, kind, and consistent in guiding children. Children expect caregivers to make and enforce rules. Failure of a caregiver to do so causes children to be confused about what is expected of them.
- Be sincere and relaxed. Keep a sense of humor. Show children that you like being a child caregiver.

Reporting and Record Keeping

Reporting by a child caregiver involves telling appropriate staff members accurate information at the proper times. ***Record keeping*** (or recording) means that information is written down. Reporting and record keeping are two ways that caregivers help with the staff communication process within a child care center. The director of a child care center should tell staff members what types of information need to be recorded. In general, caregivers report the following to their supervisor:

- **Accidents -** All accidents need to be reported to supervisors, even though some accidents may not seem important at the time. Supervisors need to know how and when accidents happen so that parents can be informed.
- **Behavior changes -** Both positive and negative behavior changes are reported.
- **Parent-home information -** A caregiver may be the only staff member who hears information or sees situations that should become part of the child's permanent record. Following are examples of parent-home information that need to be reported to a supervisor:
    - bits of conversation that would indicate that the family needs help
    - information that plans are being changed for the child's transportation from the center
    - clothing that is too small, not suitable for the weather, in need of repair, or not available
    - evidence of child abuse or neglect; details on recognizing signs of abuse are found later in this chapter
- **Staff happenings -** Report positive observations to a supervisor. Also report procedures (or lack of procedures for certain tasks) that are hard to follow or that cause an unneeded bother for staff members. Report complaints about other staff members only if the well-being of a child or the reputation of the center is involved. Before deciding to report a complaint about someone, be sure that the event actually happened and is not based on gossip. Discuss the event only with supervisors or the center director.
- **Equipment and supply needs -** Report dangerous situations as soon as they are noticed (ice on the front step, playground gate latch coming loose, a toy in the toddler room with a loose part, etc.). Request supplies in the way that is routine for the center, but make requests in time for the center to provide new supplies before the old ones are used up.

LIABILITY CONCERNS IN CHILD CARE

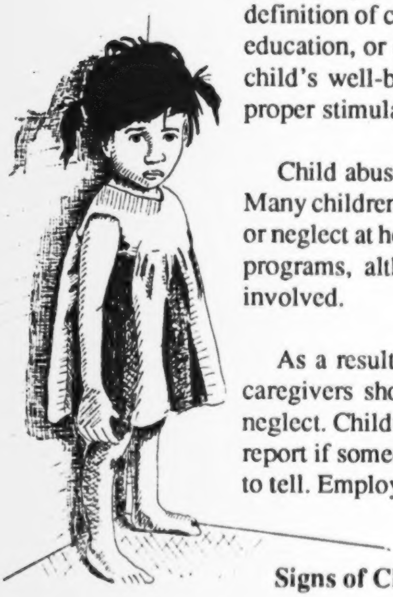
Liability concerns in child care have increased. ***Liability*** means being responsible financially and/or legally for injury to a person. The injury can be either physical or emotional. Child care centers or individual caregivers can be held legally responsible for injuries that occur at a child care center.

Child care centers are less likely to be held liable for injuries if they have written safety, emergency, and staff conduct policies and procedures. To be effective, these policies and procedures must be shared with all workers the first day on the job and reviewed often. Each employee should be given a written copy of these policies and procedures. The policies and procedures need to be enforced the same way with all workers.

Child caregivers, as individuals, are less likely to be held liable for injuries that occur to children in their care if it can be proven that licensing standards and center policies were followed. When good communication does not exist between workers and the director, a center and involved caregivers may be held liable for accidents which happen. Usually, licensing agencies require certain safety, emergency, and staff conduct policies in order for a center to get a license. These policies exist to improve the reputation of the child care industry and help to control the cost of liability insurance.

CHILD ABUSE AND NEGLECT

Child abuse is non-accidental physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare. The meaning of neglect is part of the definition of child abuse. ***Neglect*** includes withholding food, clothing, shelter, education, or other forms of care and supervision which are necessary to the child's well-being. Neglect also means withholding love, socialization, and proper stimulation.



Child abuse and neglect have become more common in the United States. Many children have been placed in child care programs to free them from abuse or neglect at home. Some cases of child abuse have even happened in child care programs, although only a small number of child care centers have been involved.

As a result of reported instances of abuse, parents and professional child caregivers should be more alert to signs and symptoms of child abuse and neglect. Children should be taught about "personal safety" and that it is okay to report if someone is abusing them, even if that person made them promise not to tell. Employees in child care programs are being more carefully supervised.

Signs of Child Abuse

A child caregiver should be aware of signs which might indicate that a child has been abused by someone. There are many forms of abuse. Unusual cuts, bruises, burns, or other marks on a child's body might be signs of physical abuse. Signs of injury to the face or head should be carefully observed because injuries to this area can be permanently damaging to a child. If a child has a natural tendency to duck for protection when another person reaches toward him or her, he or she may be unconsciously defending himself or herself as a result of being physically abused.

Children who have been mentally or emotionally abused and neglected may react in different ways. Some abused children show a very negative self-image while some display negative behavior in order to get attention. Other children may have a hard time with school work and find that they cannot concentrate well. Sometimes, overly aggressive "bully" type behavior may be a sign of an emotionally abused child.

Children who have been socially abused or neglected may have different types of problems. If a child's hygiene (cleanliness) is so neglected that he or she smells or is teased badly by other children, social neglect may be the problem. A very underweight child who reports that no breakfast is eaten at home, who brings little lunch to the center, or who may eat very large amounts of the lunch served at the center could be undernourished (underfed).

Children who are victims of sexual abuse may react in different ways. Some children regress to earlier types of behavior, such as thumb sucking or bed wetting. They might become afraid of the dark or certain locations which they associate with frightening experiences. Some children develop problems such as sleepwalking or difficulty in eating. Guilt, depression, or confusion may be emotional responses of child abuse victims.

Child Abuse Reporting Laws

As with abuse laws, ***child abuse reporting laws*** vary from state to state. However, state laws are similar enough to discuss general information. Each child care employee should learn about the law in the state where he or she works.

It is against the law in every state to abuse a child. Anyone who knows of a possible case of abuse should report it to the appropriate person(s). A person working at a child care center should report such a concern to her or his supervisor in a private setting. The supervisor should, in turn, check out the concern and report any serious suspicion to the closest social service or child welfare agency. Once a report of child abuse is received, an investigation begins in order to protect the child.

Points To Remember

- The chain of command is an assignment of jobs and authority levels. In a child care center, the authority chain in descending order would be the board of directors or the owner, the director, age-level coordinators or lead teachers, teachers or associate teachers, and teacher assistants (child care aides).
- Some staff assignments must change during emergencies. General emergency procedures should be set by the center director and shared with each employee during the employee's orientation. In an emergency, the safety and well-being of each child is most important to caregivers.
- Emergency procedures should include a posted evacuation and relocation plan. Written records of daily attendance should be kept current. Names, addresses, and telephone numbers of the children's parents and other people approved by the parents to be called in case of emergency, should be ready for use at all times. These items should be taken from the center in the event of an evacuation.
- Children enrolled in a child care center are usually grouped by age or development level. Typical age groupings are infants, young toddlers, two-year-olds, three-year-olds, four-year-olds, kindergarten-age children, and

school-age children. During arrival and departure times, children of different ages may be grouped together at many child care centers. If grouped by developmental stages, typical groupings are crib infants, creepers, crawlers, toddlers, and toilet-trained walkers. Older children may be divided by social or emotional development.

- Cooperation among caregivers is important to the well-being of the children and the child care center. When staff members get along well together, children tend to do the same.

- Good communication between parents and caregivers is important for the well-being of the children and the center. Caregivers should speak with parents in a pleasant and friendly way. Certain types of parent/caregiver communication should be handled by the teacher or supervisor in a conference setting.

- A caregiver's most interesting and rewarding work will be with children. Caregivers should work with children in ways that will promote the goals and rules of the center.

- Reporting and record keeping are important jobs of child care workers. Reporting means telling the right people correct information at the proper times. Record keeping means that important information is written down. Rules about information to be reported and/or recorded should be made by the center director. In general, this information will include accidents, behavior changes in certain children, parent-home information that should be part of a child's permanent record, signs of child abuse or neglect, staff happenings that could affect the well-being of a child or of the center, and equipment and supply needs.

- Liability concerns in child care have increased. Liability means being responsible financially and/or legally for injury to a person. Both the child care center and involved child care workers may be held legally liable. To help avoid liability charges, child care centers should develop and communicate good safety, emergency, and staff policies. Child caregivers are less likely to be held liable if they follow center policies and communicate well with other staff members.

- Child abuse is physical or mental harm, neglect, or mistreatment of a child under 18 years of age by a person who is responsible for the child's welfare. Neglect involves withholding food, clothing, shelter, education, or other forms of care and supervision which are necessary to a child's well-being. Child abuse and neglect are major problems of our society and of child care programs. Child care workers need to be informed about abuse laws and reporting laws and how these laws affect centers and caregivers who work there.

- If a child has been physically abused, signs which might be seen by a caregiver are unusual cuts, bruises, burns, or other marks on a child's body.

Injuries to a child's head are especially dangerous because permanent damage might result.

- Children who have been emotionally abused or neglected may show a very negative self-image while others display bad behavior in order to get attention. Some children may have a hard time with their schoolwork and lack concentration. Some children may be "bullies" with other children as a result of emotional abuse.
- Children who have been socially abused or neglected have different problems. Examples of social abuse or neglect are failure to keep a child clean and failure to feed a child properly.
- It is against the law in every state to abuse a child. If a child care worker suspects that a child has been abused, he or she should report the concern privately to his or her supervisor. The supervisor should report it to the nearest social service or child welfare agency.

Words To Know

age-level coordinators
board of directors
chain of command
child abuse
child abuse reporting laws
developmental stage grouping
director
emergency
extended day programs
lead teachers
liability
multi-age grouping
neglect
peer relationship
record keeping
reporting
self-care programs
subordinate relationships
supervisory relationship

Questions For Review

1. Why should child care workers know the chain of command and their role in the chain of command?
2. Why is it important for a child care center to establish and communicate general procedures for caregivers to follow in an emergency? How may an emergency affect the chain of command in a child care center?
3. What are typical age groupings in a child care center? What are typical developmental stage groupings?
4. What are some guidelines for child caregivers to follow in working and cooperating with other caregivers?
5. What are some guidelines for child care workers to follow in communicating with parents?
6. What are some general guidelines for child caregivers to follow in working with children?

7. What is the difference in reporting and record keeping? How does a child caregiver know what type of information to report and/or record? Why are reporting and record keeping important tasks of child caregivers?

8. What steps can a child care center take to help avoid liability charges? What steps can individual caregivers take to help avoid liability charges?

9. List several signs which might indicate that a child has been physically abused.

10. Explain different ways a child might react if she or he has been emotionally abused.

11. Give two examples of social neglect and how a child caregiver might be able to recognize signs of such neglect.

12. To whom should a child caregiver report a suspected case of child abuse? To whom should the child care center eventually report a possible case of child abuse?

4 Chapter Four
Influences on the Development of Children

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Describe appropriate procedures for responding to suspected child abuse.(f2B)

OBJECTIVES TO ACHIEVE

- Explain how the physical, social, emotional, and mental/intellectual development of children is affected by the family.
- Identify problems experienced by single-parent families and blended families.
- Describe the impact of divorce, family violence, and illness or death of a family member on children and families.
- Describe the impact of a family's ethnic background, religion, income level, and mobility on the development of children.
- Explain ways in which playmates, television, culture, and social institutions affect development of children.
- Consider ways for child caregivers to communicate with parents to aid the development of their children.

A variety of influences affect how children develop. The family, television, sex of a child, playmates, conscience, moral development, culture, and social institutions all affect a child. Such influences are considered important, and a basic knowledge of them helps caregivers improve their understanding of children.

Family Influences on Child Development

The family is the first and most important part of a child's life. A family's view of education, religious beliefs, political beliefs, ways of dealing with stress, and many other family qualities affect children. The family's level of income, place of residnece, and size are also influences. These influences affect the physical, emotional, social, and mental development of children.

PHYSICAL DEVELOPMENT

The physical growth and development of children depends on families and others. Parents and other family members give children food, clothing, shelter, love, and affection. When families cannot or do not care for their children properly, neglect may result. Neglect of basic needs may cause physical, emotional, and social harm; mental retardation; or even death.

SOCIAL DEVELOPMENT

From the day of birth, children are placed in a social setting. ***Social development*** means learning to adjust to surroundings. Families (and others) teach children how to relate to other people. Observed behavior serves as an example for children to follow. By using approval or disapproval and reward or punishment, children can be taught to behave in a socially acceptable (correct) way. Family members and others can teach children that wrong behavior can harm other people and lead to future problems.

In families, children learn to respect or disrespect authority. Families teach children to believe in certain religious practices and to follow certain political ideas. Children also gain attitudes about work and money and learn to value certain types of education.

Attitudes and feelings about sex roles are learned mainly in the family. The sex of a child influences the child's development. It is common for young girls and boys to be treated differently. Young boys may be encouraged to be rough and more physical, while young girls may be taught to play house with their dolls. When this happens, children tend to relate differently to jobs, roles, and behaviors considered "normal" for their sexes. It is important for children to develop to their greatest potential.

Other children in the family are called ***siblings***. Siblings affect a child's social development. A brother or sister is often a child's primary friend and playmate. Sometimes older siblings protect younger children and make them feel secure. Even normal conflicts among brothers and sisters are important learning experiences for children.

EMOTIONAL DEVELOPMENT

Young children need affection and attention. The family and other people can help meet these needs. The family can also offer children a sense of belonging, which is important for emotional development.

The child's ***self-image***, or ***self-concept***, comes mainly from the family. Self-image is the way a person feels about him or herself. Self-image develops through childhood and is molded by experiences with family and others. When children feel that they are worthwhile and important people, they have a positive (good) self-image. When children feel that they are not important to anyone, they have a negative (bad) self-image.

A family's income may affect the self-images of children. Children whose families have little money may feel that they are not very important. Try to help children understand that self-worth does not depend on the amount of money their families have or the goods they can buy.

MENTAL DEVELOPMENT

Children are born with mental ability. The family influences how a child's mind develops through what they teach the child and how they support the child. The family environment should provide opportunities for children to exercise thinking skills. For example, the support parents give their child regarding study habits at home affects the child's success at school. A child who uses books and does other learning activities at a young age may find it easy to learn in school. Too much pressure from parents and others to do well can frustrate children and make them give up on learning.

As a child becomes more mentally mature, he or she develops a conscience. ***Conscience*** is a feeling for what is right and wrong. It is very important for adults to guide a child's development of conscience during the preschool years. ***Moral development*** involves learning to follow rules and make good value decisions about what is right and wrong. Moral development is controlled mainly by children's parents. The development of morals and a conscience relates closely to social and emotional development as well as mental development.

To help children develop a conscience and good morals, use discipline methods that are fair and show children that they are loved. Teach children how their behavior affects other people and why it is important to change bad behavior. Praise children when they show self-control and good judgement. Show them that you recognize their progress. It is most important to serve as a good example to children. Learn to feel comfortable about admitting when you are wrong to show children that everyone makes mistakes.

Family Differences and Child Development

Children in child care come from many different types of families. ***Nuclear families*** are made up of one or both parents and their children. ***Extended families*** are made up of nuclear families plus other relatives, such as grandparents, aunts, uncles, and cousins. A growing number of nuclear families in our country are ***single-parent families***. This means that only one parent, the mother or the father, lives with the children. Most single-parent families are headed by the female.

Any family change requires adjustments by parents and children. Some children handle these changes better than others. For example, when a child's parents divorce, the child may behave differently because of confusion seen by the child due to a disruption of the family unit that the child has been accustomed to. To better understand children, be aware of problems and changes which happen in families. Consider the children's family type and any adjustments that the children may be experiencing.

SINGLE-PARENT FAMILIES

Single parents may be divorced, widowed, unwed, or abandoned. In some families, one parent will be permanently gone from the family. In other families, both parents may still be an active part of the children's lives.

A parent who is rearing children alone may have special problems. If single-parents do not have others to help them, they may have trouble coping with family stress. For example, the single-parent with no help will have to see that children are where they are supposed to be at all times. Transporting children while holding a full-time job can be a real challenge. If a child is sick and the single-parent cannot stay home from work, extra stress is placed on the family.

Single-parent families may have a low income. A single-parent who has an inadequate amount of funds to live on may not be able to afford good care for children. Because of the need for money, greater stress is placed on the parent and children.

Not all children from single-parent families have special problems, but some do because of special needs of different family members. For example, the parent may depend on a young child for emotional support and place great stress on the child. A child may begin to feel responsible for the happiness of his or her parent.

BLENDED FAMILIES

When a single parent marries a new husband or wife ***(spouse)***, a ***blended family*** is formed. The new family includes the two people who married and their children from other marriages. When two separate families move into the same house, problems may result unless special care is taken. Different ways of doing household tasks and different values and attitudes of the two families may cause conflicts. Such a family situation requires love, patience, and understanding. Small children may have problems adjusting to such a change. Help children to sort out their feelings and suggest ways to help them cope with the changes.

ETHNIC BACKGROUND

People in our society come from many ethnic groups. An ***ethnic group*** is a group of people from the same country or place who share a common and special culture. Each ethnic group we have in our country adds different customs to our society. Groups such as Chinese-Americans, German-Americans, Mexican-Americans, and English-Americans make our society more interesting and help us to learn more about the world. Learning the customs of different ethnic groups helps children to learn to accept and like children from ethnic groups which are different from their own. Help children appreciate and understand their own cultural heritage and the cultures of other people.

RELIGION

Different families have different religious beliefs. These beliefs affect values and behavior which children learn from their parents. Respect parents' rights to pass their religious beliefs on to their children, even if you do not agree with these beliefs. Seeing differences in children will help you be more fair to children about the beliefs of their families.

INCOME LEVEL

The amount of money a family has affects the development of their children in several ways. If a family has a good income, they are more likely to be able to provide different opportunities for their children. A child who has chances to go places, see things, and play with different toys and books may develop better socially and mentally than a child whose family cannot afford such things. Some families cannot even afford to buy the right foods for their children. In this case, the physical development of a child may be harmed because of a lack of nutritious foods in the diet.

MOBILITY

Mobility refers to the movement of people from place to place and job to job. In our country, many families are mobile because the need for a job requires them to move. Children who move to a new place may have special problems adjusting. Meeting new friends and being in a strange place can be difficult. Help new children feel comfortable by showing them special attention and involving them in fun activities with other children. A move can be a good learning experience for children.

DIVORCE

Separation and divorce of parents has a big impact on the whole family. Children sometimes have a fear of being left by their parents. Divorce can add to this fear. Children need to be reminded that the move of one parent does not mean the other parent might suddenly leave them.

Children may also feel responsible for their parents' divorce. If they hear their parents fighting, children may have a strong feeling that they caused the divorce. If two parents become hostile to each other during a divorce, children may feel that they must choose "sides." This feeling may cause them to have extra trouble in adjusting to a divorce, since they love both of their parents.

Divorce often follows months or years of parents disagreeing and arguing. The effects of constant fighting may be worse than the effects of a divorce.

When a couple divorces, one of the parents is given custody of the children. ***Custody*** mainly means who the children will live with after the divorce. Usually, the other parent is given visiting rights and can see the children at certain times.

Be aware of the legal terms of the divorce. Find out who is to pick a child up from the child care center. Do not hand children over to a person not authorized to take them.

During very difficult family changes such as divorce, children may have ***developmental regressions*** where they seem to lose progress on development already made. For example, children who are toilet trained may begin to wet their pants during a stressful family situation. Such behavior is not a selfish way to get attention. It may be a sign that the child is under great stress and needs help from caregivers in order to cope with the stress.

FAMILY VIOLENCE

Family violence happens in some families when a family member has been drinking alcohol or has experienced a great deal of stress. Some parents may abuse their children or each other. The abuse may be physical, sexual, or verbal. Many children from violent homes are helped by having one secure, safe, and predictable adult in their lives. This adult may be a relative, a teacher, or another caregiver. It is important to report any suspected case of abuse to a supervisor at the child care center. Try to help the abused child to feel wanted and worthwhile. For more details on dealing with child abuse, see Chapter Three.

ILLNESS OR DEATH IN THE FAMILY

Young children do not have a clear understanding of illness or death. Talk honestly when children need help understanding such situations. When a family member is ill, sometimes only a little preparation is needed. Show a child pictures of what a hospital is like, or simply describe it to help her or him better understand what to expect.

When talking about death to children, be clear and honest. Telling children that a dead family member is "asleep" may be a mistake. As a result, children might develop a fear of going to sleep or worry about the family member waking up. Children should be allowed to experience grief for as long as they feel it. Be patient when dealing with a child who has experienced death in the family.

Other Influences on Development

Many other things affect the development of children. These factors should be seen by families and child caregivers as being very important to the lives of children. Many children spend a large part of their time in group child care settings. Child care can have an important influence on the development of children.

PLAYMATES

When children develop a "group feeling," they are becoming independent of adult rules. Even among preschool children, playmates' influences can be powerful enough for children to support or go against their parents' attitudes.

Group influence is often called ***peer pressure***. Peer pressure may be good, resulting in positive behavior, or bad, resulting in negative behavior. Peer pressure is more powerful if the group is small and close. It is also greater when the group is together. The group relationship with other children is important for preschool children because they learn to get along with other people. It helps them learn how to be members of a group and how to cooperate.

TELEVISION

Television can be an important influence on children. Television can be positively and/or negatively educational. Programming for positive behavior should be encouraged. Television programs which show beatings, murder, and other violence may teach children that these kinds of actions are acceptable. These programs should not be viewed by children. Children often repeat actions seen on television in their play. Children may also view people seen on television as models or heroes and pick up their habits.

Television commercials can teach children about different products and places. They may also make children want things they would not have wanted before. Such attitudes affect the family and may actually become a part of the child's value system. Television's influence can be balanced with other activities. Games and learning activities can be used to teach children while they also have fun.

CULTURE AND SOCIAL INSTITUTIONS

People live in societies and share cultures. A ***society*** is a group of people who live in a certain place or general area and share a common heritage. This heritage, or ***culture***, is a way of life that is shared with other members of the society. Culture includes ways of behaving, thinking, and feeling. Clothes which are worn, holidays observed, music enjoyed, food eaten, behaviors expected, and values held are all affected by culture.

Social institutions in a society include schools, neighborhoods, religious organizations, friends, communities, the government, and other groups. These groups or systems affect the beliefs, attitudes, customs, and behavior of children. The process which allows children to learn about their culture and be members of society is called ***socialization***. Again, the family is the main social institution for children.

Communication with Families

Knowing how families affect children's values and behaviors will help child caregivers work well with children. Remember that parents are the primary caregivers for their children. Parents have the right to influence their children's behavior and values as they see best. Listen to parents and observe how they relate to a child. This will help to better understand the child's behavior or special problems. Answer a parent's questions honestly and nicely. However, if parents ask for information which you are not qualified to give, refer them to the supervisor, director, or other appropriate person.

Points To Remember

- While the family is the main influence on children, different family qualities affect development differently. Families influence the physical, social, emotional, and mental development of children.
- By providing food, clothing, shelter, and other basic needs, families help the physical development of children. Neglect of these basic needs can cause physical harm, mental retardation, or even death.
- Social development means learning to adjust to surroundings. Families serve as examples to children in learning to relate to others. In families, children learn about authority, religion, sex roles, politics, and other values. Other children in the family (siblings) even affect a child's social development.
- Children develop a view of themselves (self-image) through family life. Parents' treatment of children and how the family feels about its income level are examples which affect the emotional development of children.
- A child's mental development is influenced by support which the family gives to activities such as reading, going to interesting places, and doing well in school.

- Learning about differences in families helps caregivers to better understand children's behavior. Since parents are the primary caregivers for children, child care workers relate better to children when they learn to communicate with parents. The family situation greatly affects a child's overall development.

- Nuclear families are made up of one or both parents and their children.

- Extended families are made up of nuclear families plus other relatives.

- Single-parent families have one parent living with the children.

- Blended families form when a single parent marries a new spouse.

- Unless special caution is taken, family problems such as divorce, violence, or illness or death of a family member may affect the emotions and behavior of a child. When children seem to lose progress on development already made, they are experiencing a developmental regression.

- In divorce situations, child caregivers should be aware of which parent has custody of the child.

- Because of peer pressure, playmates influence children. It is important for children to learn to cooperate and be members of a group.

- Television affects children. Behavior seen on television is often repeated. Television can influence values and desires. It can also be educational.

- The sex of children influences development. Parents and other adults may treat boys and girls differently.

- Conscience is the feeling for what is right and wrong. Moral development involves learning to follow rules and making value decisions.

- A society is a group of people who live in a certain place or general area.

- A culture is a way of life shared by members of a society. It affects things such as the food eaten, clothes worn, attitudes, customs, behavior, and values.

- Social institutions include schools, neighborhoods, religious groups, friends, communities, and the government. Socialization allows children to learn about their cultures.

- The development of children is affected by ethnic background, religion, income level, and mobility.

Words To Know

blended family
conscience
culture

peer pressure
self-concept
self-image

custody
developmental regressions
ethnic group
extended families
mobility
moral development
nuclear families
siblings
single-parent families
social development
social institutions
socialization
society
spouse

Questions For Review

1. Discuss the family's role in influencing the development of children. Consider ethnic background, religion, income level, mobility, culture, and other factors.

2. Explain the difference between physical, emotional, social, and mental development.

3. How does the sex of a child affect his or her development?

4. How can other siblings in a family influence a child?

5. How is a child's self-image molded by his or her family? Explain the difference between a positive and negative self-image.

6. List several ways caregivers can communicate with parents to aid the development of their children.

7. Define nuclear family, extended family, blended family, and single-parent family.

8. How may family changes and problems (such as divorce, illness or death of a family member, or violence) affect children? What precautions could be used to avoid negative effects on children or to help children cope?

9. Explain the role of peer pressure in developing a child's attitudes and values.

5

Chapter Five

A Wholesome Child Care Environment

ESSENTIAL ELEMENTS

- Analyze the components of a stimulating environment.(f3B)
- Describe factors affecting the growth and development of young children.(f1A)
- Apply classroom management and program planning techniques.(f4E)
- Summarize the need for proper climate control and lighting.(f3A)
- Apply principles for maintaining a safe and healthy environment.(f3C)

OBJECTIVES TO ACHIEVE

- Explain how indoor and outdoor space can be best used to contribute to the development of children.
- Determine types of furnishings, equipment, and supplies which create a wholesome child care environment.
- Describe the type of emotional child care environment which is healthy for children and contributes to other areas of development.
- Analyze factors that contribute to a quality social environment in a child care program.
- Explain factors that contribute to a quality mental/intellectual environment in a child care program.

Child care workers are responsible for providing a ***wholesome*** child care environment. This means that a child care center should be arranged so that children can remain healthy and benefit from the surroundings. The child care ***environment*** includes both human and material parts. The actions and interactions of people, arrangement of time and space, and use of materials are all parts of this environment. A wholesome child care environment is safe, healthy, and comfortable. It cares for children while it causes them to become interested in learning. It promotes full development of children. A child care environment can be discussed in terms of its physical, emotional, social, and mental/intellectual parts.

Physical Environment

The ***physical environment*** includes ***indoor and outdoor learning space***, furnishings, equipment, and supplies. The physical environment is where the physical, emotional, social, and mental/intellectual development of children takes place while children are in child care. The choice, arrangement, and use of the physical environment can help or harm development. Minimum standards for child care physical environments are set and enforced by licensing agencies or other state and/or local governments.

Child care centers include both indoor and outdoor space. Outdoor learning space is fenced or otherwise enclosed for the children's safety. There is an amount of space required for each child by the state's minimum standards.

THE BUILDING

Child care programs are found in all types of buildings. A modern and attractive building designed as a child care center is the ideal situation. However, such a building does not make quality child care. Good child care services are found in schools, homes, storefronts, churches, businesses, and even warehouses that are arranged to be wholesome environments.

Licensing rules usually require that child care programs are placed on the first floor of a building. This rule exists so that children can be evacuated easily in case of fire or other emergencies. The first floor allows young childen, physically handicapped children, parents, and caregivers to use the center. It also makes it easy to get to the outdoor learning area. In large buildings with other activities besides child care, the rooms used for child care should be together and as near an entrance as possible.

The indoor space should have good heating, cooling, and ventilation and should not be noisy. It is important to keep the temperature in a child care facility as comfortable and constant as possible in order to keep children healthy and to help them concentrate on important activities. Large windows let in light and allow the children to look outside. Good lighting inside the building is important because it provides a cheerful atmosphere and allows children and adults to see well.

The building should be selected and the space used according to the goals of the child care program it will house. If the program is for infant and toddler care, smaller rooms which keep the group size small may be needed. If the program is for older children, larger rooms may be required. Each grouping of children should have a separate "classroom."

INDOOR SPACE

Indoor learning space allows for arrival and departure, emergency aid, learning activities, toileting, food preparation and service, and sleeping. The use of this indoor space and other areas should support the goals of the child care program. For example, one of the goals of most child care programs is to develop children's ability to help themselves. The indoor environment should be planned so children can hang up their own coats, get out and put up play materials, go to the toilet, wash their hands, and eat with as little help as possible.

Arrival and Departure Area

It is best if the entrance to the building has a covered area for families to arrive and leave. A one-way driveway separate from the street is ideal. This arrangement allows children and parents to get in and out of cars or buses safely, away from street traffic. The covered entrance eliminates the need for umbrellas or special clothing on rainy days. More workers are needed when these "ideal" conditions are not possible.

If possible, the inside of the building should have a large entrance hall or area where parents can leave and pick up their children and visit with teachers. A place should be provided for children to hang their coats and store their personal belongings near the entrance. Parents are encouraged to go inside the building to deliver their child or children. An assigned worker should welcome and receive children each day. At the end of the day, an assigned caregiver should release children only to the parent(s) or other authorized person(s).

Emergency Area

A child care center should have an area for use when a child is sick or injured. This area should be separate from classrooms and should have a bed or cot and emergency supplies available. Often an office or storeroom is the emergency room.

Activity Areas

Each group of children should have a "classroom" or activity area. These are often called classrooms to prevent confusion. They really may be areas of space used for different groups of children. Through different individual and group activities, children learn about their world.

Successful child caregivers know how to organize and use space and equipment to make the best possible learning environment for children. The amount and shape of classroom space varies from center to center. The use of the space available affects the physical, emotional, social, and mental/intellectual environments. For example, a long narrow room where sounds bounce off of the walls may cause children and caregivers to be irritable. They may have to raise the volume of their voices to be heard. With everyone talking loudly, the setting becomes less relaxed, affecting the emotional and social environments. The mental/intellectual environment is also affected when children cannot hear the teacher or the children around them. They may not be able to concentrate because of the noise level. To avoid such problems, a long narrow room might be furnished with carpeting and other materials which absorb sounds, including portable room dividers. Good management of space provides:

- planned space for children to have a variety of activities
- opportunity to rearrange the space
- a good traffic flow for children to move from area to area within the space
- storage for equipment, materials, and supplies
- work areas for preparation of materials
- storage for children's personal items
- a display area for children's projects
- easy access to toilet areas
- easy access to the outdoor activity area

Locations or zones within the classroom may have different names. They may be called interest areas, play areas, ***learning centers***, or activity centers. In this book, they are called learning centers. The types of learning centers planned will depend on the goals of the program as well as the ages and developmental levels of the children using them. The following learning centers may be included:

- reading, library, story, and listening
- block and large toy
- dramatic play or house
- shopping center or store
- creative media
- table area for appropriate activities
- music
- science
- math
- carpentry
- large muscle activities

Creepers and crawlers need a carpeted floor on which to explore their world. Toddlers need floor space where they can walk easily. Carpet chosen for toddler rooms should be flat and firm. Children of all ages, including infants, need a colorful and stimulating environment. A ***stimulating environment*** gives children many chances to use the five senses: sight, sound, touch, taste, and smell.

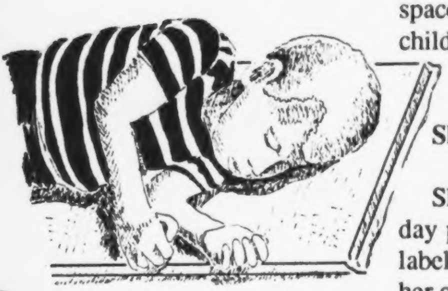
Toileting Areas

The state licensing agency has certain rules regarding bathroom areas in child care centers. Ideally, each classroom has a bathroom with child-sized bathroom fixtures for the age group using them. In less than ideal situations, sturdy step stools will allow children to use standard toilets and sinks by themselves. Bathroom doors should not have locks within children's reach. Children need privacy in the use of the bathroom, if they desire it. The caregivers need to be available in case children need help while in the bathroom.

Food Preparation and Serving Areas

Meals and/or snacks are served to children in almost all child care programs. The areas used for serving and preparing food should meet the highest safety, health, and nutritional standards. State and local guidelines are used as minimum standards. Tables and chairs should be sized to fit children.

Food service should be arranged so the children can do as much as possible for themselves. How food is served will depend on program goals, how much space there is, equipment, available workers, and levels of development of the children.



Sleeping Areas

Sleeping arrangements must be made for young children enrolled in an all-day program or an afternoon program. A mat or cot should be provided and labeled for each child. For health and cleanliness, each child should have his or her own mat or cot. The labels on the mats or cots should be easy for children to recognize. Mats or cots should be stored in the same place each day so that children can easily remove them and return them to the storage area. Mats for use on the floor should be color-coded or marked, so that children can recognize the bottoms from the tops. To keep children clean and healthy, the bottom of the mats should always be placed on the floor. Children can then rest on the cleaner top parts of the mats. Walking space for safety and supervision should be left between cots. Sleeping areas should be kept as quiet as possible and should have enough lighting for supervision.

Sleeping arrangements must be made for very young children no matter what time of day they are in child care. Very young children need cribs or baby beds with side bars to keep them from falling out. Licensing standards may include a maximum amount of time that young children can be kept in their cribs while they are awake. Rocking chairs and a diapering area are usually included in the sleeping area for very young children. Licensing standards may require close access to a lavatory.

OUTDOOR SPACE

Outdoor learning space is just as important as indoor learning space. The outdoor learning space is often called the playground or the playground area. The same guidelines used for organizing and managing indoor space apply to the use of outdoor space.

The outdoor learning space should be enclosed with a fence to safely keep children inside the space. A fence should be high enough that children cannot climb over it, but free from sharp and pointed edges that could harm them if they try climbing. It is best if the fence is a mesh fence, so children can see the outside world.

The outdoor space should have two unlocked exits so children can be taken out quickly in case of emergency. One exit can usually be the exit to the indoor learning space. The other exit should be some distance away from the building itself. Gates should be latched, but not locked so they can be opened quickly by caregivers. The gate latches should be high enough to be out of the reach of children.

There should be a bathroom near the outdoor area, if possible. Ideally, this bathroom should be near the building entrance that leads to the playground.

A gate to the outdoor area is also convenient if planned as a second arrival and departure area for children. In the warmer climates of the United States, the outdoors is a good place for play during arrival and departure times. Most children like being outdoors and enjoy beginning and ending the day there. However, it is very important that children be supervised carefully by child caregivers when they are outdoors. Children must be received and picked up inside the gate with parent and caregiver present.

The outdoor learning space should provide fresh air, sunlight, shade, and different natural settings for children's enjoyment and development. Both quiet, secluded spaces and large, open spaces should be provided.

A variety of surfaces will provide texture and ***tactile*** (touch) experiences. The majority of the surfaces should be soft, such as natural grass, artificial grass, sand, and soil. Hard surfaces, such as asphalt or cement, are needed for some activities.

Places are needed for digging, climbing, rolling, running, sliding, water play, and wheeled toys. Less active experiences, such as painting, dramatic play, finger painting, and story time, can also be provided outdoors.

FURNISHINGS

The ideal child care "classroom" looks quite different from the typical elementary school classroom. The furnishings are small to fit the children. Some child care activities take place at tables, but many activities take place on the floor. Younger children in child care rarely do things as a single large group. They are more likely to work and play alone or in small groups in different learning centers. Child care activities are usually planned for individual children, tend to be more informal, and are more action-oriented than activities in elementary schools. It is likely that more learning materials will be in view in the child care classroom.

Actually, it is hard to classify "furnishings" and "equipment" in child care settings. For the purpose of this book, ***furnishings*** are the more "permanent" indoor objects, such as tables and chairs, storage units, cribs for infants and toddlers, and carpeting for the floor. Furnishings include items that the children would not normally get out and put up each day. These items are usually major expenses when the child care center is started or built. In general, child care furnishings should be easy to move, easy to clean, child-sized, and usable for different purposes.

Tables and Chairs

Tables come in various sizes and shapes. They should be selected for the sizes of the children and the type of program. Rectangular tables seating one child at each end and three or four along each side are best for general purposes. However, triangular or crescent-shaped tables are preferred for certain kinds of activities. Round tables require more space than others. Tables should be sturdy and have smooth tops which are not harmed by moisture. Tables with adjustable legs to accommodate toddlers as well as older children are a good choice.

Chairs should be sturdy and designed so they do not turn over easily. They should have smooth surfaces and edges. Chairs should be free of areas that might pinch children. They may be wooden or plastic. Well-constructed plastic chairs are good choices because they are washable, lightweight, and stackable. One chair should be available for every child old enough to use a chair. Chairs should be sized so that when children are seated, their feet rest flat on the floor.

Tables and chairs are needed for meals and snacks as well as for learning activities. In most child care facilities, the same tables and chairs are used for both. In some cases, children are fed by groups in shifts according to age, and younger children are fed first.

Storage Units

Most indoor storage space will line or be built into a wall. Also portable bookcases and shelving can be used as dividers for learning center areas. Some storage units will extend down to the floor so that children may reach them. Shelves and cubbyholes are best for storage of toys. In general, the storage spaces should be open. If a toy box must be used, the lid should be removed to prevent injuries to children.

Each child should have his or her own hook for clothing and a shelf, bin, or cubbyhole for storing personal items. The unit should provide space at the bottom for a child to put boots or other items. Artwork to take home or "show-and-tell" items can be stored at the top.

Teachers should have indoor storage space for cleanup and maintenance equipment, personal belongings, supplies, and equipment not in use by the children. These items should be stored on high shelves, in closed cabinets out of the reach of children, or in closets or cabinets that can be locked for safety.

Outdoor storage space is also needed. Wheeled toys and certain other types of learning equipment used outdoors need to be stored in a weatherproof storage area. A weatherproof shed near the area where wheeled toys are used can provide this storage. The shed should have large sliding doors that are easy to open and close so that children can remove or replace equipment themselves. Symbols or pictures on the walls of the shed and/or markings on the floor will help children remember where to store each item.

Infants' areas have special storage needs. Among these are storage space for diapers and refrigerated storage for bottles and food.

Cribs

Cribs are necessary furnishings for child care programs with infants and young toddlers. Cribs should meet high standards of safety. If the crib is painted, the paint must be lead free. Large cribs are needed for toddlers and older infants. Smaller cribs, which take up less space, are suitable for smaller infants. Crib mattresses should be firm and have a washable surface which has not been torn. Crib sheets should fit the mattress well and should be removed and washed at least at the end of every day and/or before a different child is placed in the crib.

Other Furnishings

Other furnishings may include rocking chairs (for caregivers to rock infants and young children), carpeting for the floor, and other items, such as furniture for the reception area. Rocking chairs should be sturdy, quiet, and comfortable. Since many indoor child care activities take place on the floor, carpeting is useful in some activity areas. Non-carpeted areas are needed for art, water play, and eating areas.

EQUIPMENT AND SUPPLIES

Equipment includes items that can be used over and over. Books, puzzles, blocks, games, and wheeled toys are examples of equipment. ***Supplies*** (sometimes called "materials") are items such as paper, crayons, paint, play dough, paste, and marking pens that will eventually be used up.

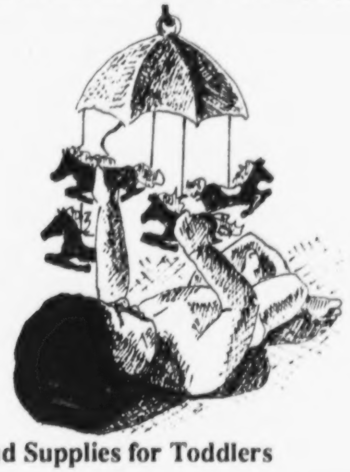
Choosing equipment and supplies is the task of the early childhood education teacher and/or director. It is usually not difficult to find the right equipment and supplies. It may be hard to choose wisely from the large number of items that are available. Appropriate equipment and supplies should be chosen to fit the needs of the age group or developmental level within each learning center. The needs of infants and toddlers are usually considered separately from the needs of older children.

Equipment and Supplies for Infants

Some learning materials (toys) may be attached to or suspended above an infant's crib. These toys serve the purpose of attracting and stimulating infants and strengthening eye muscles during the short periods of time infants may be left in their cribs while they are awake. Other toys may be provided near the diapering table. These toys may include musical toys and colorful mobiles. Even though toys are there, it is very important for the caregiver to talk to the infant during diapering.

When infants are held by caregivers or are in the play area, a variety of learning materials may be used. They should be colorful and have different shapes and textures in order to stimulate infants. For noncrawlers, some of the toys should respond to slight arm and leg movements. Others, such as rattles, should be safe for the infant to hold and place in the mouth. Infants should have their own toys and they should be washed frequently so that germs are not spread. For crawlers, the toys should be colorful and stimulating in order to attract attention. They should be placed so the crawler is challenged to crawl to them but not frustrated by the distance. The toys should be safe for the crawler to handle.

Equipment should be available for taking infants outdoors for limited periods of time when the weather allows it. This equipment includes carriages, strollers, wagons with side boards, infant seats, playpens, and large mats placed on the ground.



Equipment and Supplies for Toddlers

Indoor equipment for toddlers may be arranged so that toys of the same type are grouped together. A doll/housekeeping area may encourage early dramatic play; a push/pull toy and riding wheel toy area will aid physical development; a construction toy area with unit blocks will allow toddlers to build things and to learn how objects relate to each other. Toddlers need chances to make choices, but they often become confused when they have too many choices at once. Items such as music boxes and instruments, paper and crayons, trucks and cars, and dress-up clothes can be used on different days to allow for change. Large toys not being used may be kept on open high shelves where toddlers can see them. Having to "ask" for the toys will help toddlers learn to talk.

A toddler outdoor playground should be provided. It should be located away from the activities of older children or used when older children are not there. It is best when the toddler playground has equipment which fits the small size of toddlers. It might include a sandbox, a small grass-covered hill, a cement track for "bikes," and push/pull toys. With help from caregivers, toddlers can handle a dome climber, an extra wide slide, and a set of stairs.

Equipment and Supplies for Preschoolers

Indoor equipment and supplies for preschoolers are usually organized and stored in classroom learning centers. These items should be stored where they will be used and arranged so that children can get them out and put them up easily. For example, games and toys used at a table may be stored on shelves where children can reach easily when standing. Toys used on the floor might be stored on lower shelves. Painting and other similar activities should be done in an area close to a sink or lavatory. Likewise, equipment and supplies for these activities, including cleanup supplies, should be stored in the same area.

Available space and safety concerns will affect the choice of certain equipment. For example, swings, merry-go-rounds, and slides take up large amounts of space and have contributed to different playground injuries. Constant supervision by caregivers is required when these pieces of equipment are used. They also have little value in helping children develop ***large motor skills*** and they do not encourage children to use their imaginations. Large motor skills use the large muscles of the back, legs, shoulders, and arms. Walking, running, and throwing balls are examples of large motor skills. Climbing equipment, tunnels, wheeled toys, and space for running, rolling, and tumbling encourage better physical development of children.

Because of the noise and amount of physical activity involved, large-muscle toys should not be kept in the classroom. These activities are better suited for the outdoor learning area. However, a large room or lobby separate from the classroom might be used for large motor activities on rainy days. Balance beams, exercise mats, and climbers could be moved to this special room, as needed.

Equipment and Supplies for Food Service

Food service equipment and supplies which children can easily use by themselves should be chosen. All items used by children should be nonbreakable and easy for children to hold and use. For example, glasses should be short (to help eliminate tips and spills) and small enough that children can grasp them easily. Forks and spoons should also be sized for children. Small trays should be used when older preschoolers have to carry their food from a cafeteria line to a table. Chairs and tables should also be child sized. The right food service equipment helps to make meal and snack time pleasant while it helps children to develop properly.

Emotional Environment

As mentioned earlier, the physical environment contributes to the emotional, social, and mental/intellectual environments of child care. The attitudes, skills, and relationships of caregivers are especially important to these environments.

The ***emotional environment*** of a child care center should help children to understand themselves and others. It should help children learn to express emotions and feelings in a positive way, to be independent, and to learn self-control.

The emotional "climate" of the child care setting is like the wind; it can be "felt" although it cannot be seen. A positive emotional climate radiates friendliness, concern, happiness, fun, love, security, respect, openness, and fairness. A negative emotional environment may radiate fear, anger, boredom, nervousness, hurriedness, impatience, and rudeness. Too much noise or large-motor activity may cause children to be too active. It is important for all caregivers to create and keep a positive emotional environment in the child care center where they work.

A positive emotional environment aids the physical, emotional, social, and mental/intellectual development of children. Some children in child care will come from negative emotional environments at home. They may see and hear parents fighting, be pressured by parents, be threatened by siblings, or be abused. Rather than adding to these negative influences, child care should be a place where all children can feel safe and happy. A child care program should help children develop a positive self-image.

Symptoms of emotional stress in young children include extreme dependence on others, excessive crying, temper tantrums, aggression, thumb-sucking, toileting accidents, nervous habits, easy discouragement, and withdrawal. The emotional climate of child care should reduce emotional stress, not add to it.

Social Environment

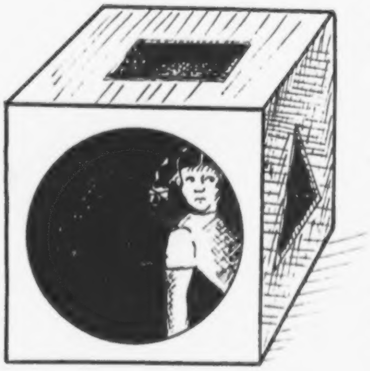
Child care programs should offer positive ***social environments*** for children. When planning and evaluating a child care social environment, goals to consider include:

- learning to use private time alone
- developing independence
- developing a good self-image
- getting along with others
- learning to deal with problems
- contributing to the welfare of self and others
- understanding customs and cultures
- communicating thoughts or feelings

Very young children (infants and young toddlers) usually respond to only one person at a time. Very young children explore and play alone, even when they are in a group. The ability to "interact" with a group of children begins around age two and continues to develop as the child grows older. The social environment of a child care center should help this social development in children. Examples of how teachers can plan and use the child care environment to help children develop social skills are given on the following page.

- Plan learning materials that require more than one child to participate (e.g., fire hats and hoses, a rocking boat).
- Encourage dramatic play (especially for the shy child, provide items familiar to the child's home environment).
- Set up activities where two or more children can participate at the same time (e.g., place easels next to each other, put two chairs close together at the science table).
- Recognize and praise positive social interactions which fit children's levels of development.
- Suggest that one child ask another child to help in an activity.

Social development is affected by a child's self-image. Children who develop healthy self-concepts can relate better to other children and adults. They feel good about themselves and enjoy reaching out for new experiences. A negative self-image, especially when it stems from a family situation, is very hard to change. Child care programs should help children to develop a good self-image.



Group child care should provide time and space for each child to have some time alone during the day. The space may be a cozy corner with large pillows, a soft floor mat, big chairs, a card table covered with a sheet, a small couch, or a large cardboard carton (in which to hide). For time alone, the child should be able to select toys or other learning materials. Such activities help children develop independence and give them the feeling of having some control over their environment. Caregivers should watch for any children who withdraw from the group too much and show no interest in group interactions.

Mental/Intellectual Environment

The ***mental/intellectual environment*** of a child care program is greatly affected by the quality of the physical, emotional, and social environments. A curious, enthusiastic caregiver provides a good example for children.

Children learn best in healthy physical, emotional, and social environments. For example, it is harder for children to explore and learn in a noisy, cluttered, unplanned setting than in a quieter, more organized environment. When children are worried about problems at home or about constant disapproval of caregivers, they will find it harder to explore and learn than children who do not have those concerns. Children also learn best when they are in a social environment planned for their age and level of social development.

The child learns through the senses of sight, touch, taste, sound, and smell. Each child's gift of a natural curiosity to use the senses should be encouraged. Having a variety of challenging and stimulating equipment, materials, and supplies will help children with mental/intellectual development.

Learning begins in infancy. Infants need the stimulation of colors, textures, sounds, and touch. Young children of all ages are active learners, and they learn best when they experience the world. With good guidance, young children need to touch, drop, chew on, and handle objects to learn how they work and how they fit together. They need practice time. They need the chance to build on past experiences.

Children need adult caregivers to set consistent limits for them. These limits give a sense of structure and organization and teach them about the real world. Children need the guidance of adults who understand the stages of mental/intellectual development and who can provide good learning experiences at each stage.

Toddlers learn through exploring. They are very active and their attention span is very short. While children are in the toddler stage, their ability to talk changes very quickly.

Preschool-age children have longer attention spans than toddlers. They can follow simple rules and directions. They have the ability to reason and make logical connections. These children can speak in sentences and ask and answer questions. They can pretend. They have the ability to memorize and imagine. The intellectual environment should provide opportunities for learning language, math, science, and other mental activities.

The quality of group child care environments should be carefully planned and continually checked. The future of children in child care programs is affected greatly by all of the environments involved.

Points To Remember

- A wholesome child care environment provides for a child's physical, emotional, social, and mental/intellectual development.
- One of the goals of most child care programs is to develop children's ability to help themselves.
- Children should always be received from and released to the parent by assigned caregivers.
- The physical environment of a child care program includes the building and indoor and outdoor learning spaces. Minimum standards for the physical aspect of child care centers are set by licensing agencies and governments. The physical space should be arranged and planned to meet the goals of the child care program.

- Storage space for children should be within their reach and clearly marked with symbols to help them remember where to store items.

- Equipment and supplies should be chosen (1) to fit the goals of the child care program; (2) to fit the age and/or level of development of the group using them; (3) to improve safety, versatility, quality, durability, economy, and usefulness; and (4) to help learning take place.

- A positive emotional environment radiates friendliness, trust, concern, happiness, fun, love, security, respect, openness, and fairness. Children perform better when the emotional environment is positive and well planned.

- Positive social environments help children learn to use private time, develop independence, have a good self-image, get along with others, learn to deal with problems, contribute to the welfare of self and others, and communicate with others.

- An important part of child development is to help children gain a positive self-image.

- Physical, emotional, social, and mental/intellectual environments affect each other and are all important to children's development.

- Children should be encouraged in using their natural curiosity to learn through the senses of sight, touch, taste, sound, and smell.

- Children need adult caregivers to set consistent limits that provide a sense of structure and organization as well as guidance and understanding.

Words To Know

emotional environment
environment
equipment
furnishings
indoor learning space
large motor skills
learning centers
mental/intellectual environment
outdoor learning space
physical environment
social environment
stimulating environment
supplies
tactile
wholesome

Questions For Review

1. What elements contribute to a positive physical child care environment? What areas are needed for the indoor learning space? What should an outdoor learning space provide?

2. What reasons are given for requiring child care programs to be housed on the ground floor of a building?

3. Which environments may be affected if a child care program is housed in a long, narrow room where sounds bounce off the walls? How is each environment affected? What can be done to help correct the problem?

4. If space is managed well, what physical areas should be included in a good quality child care center?

5. What types of learning centers may be included in a child care program?

6. For what reasons should a child have his or her own mat or cot? How can you be sure that this is done?

7. What safety requirements are needed in an outdoor learning space?

8. For what items would teachers need indoor storage space? What safety guidelines should teachers follow in storing these items?

9. What two safety rules should be followed in selecting cribs?

10. What are some precautions to take in choosing safe equipment and supplies?

11. What items are needed in the physical environment to provide a wholesome learning experience for infants? for toddlers? for preschoolers?

12. In what ways can child care food service help make meal and snack time pleasant as well as a learning experience?

13. What are some qualities of a positive emotional environment?

14. What are the symptoms of emotional stress in young children? What can a caregiver do for these children?

15. What skills can a positive social environment help to develop in children?

16. List five examples of how a teacher may stimulate social interactions.

17. Why is it important for intellectual development to encourage children to use their senses?

18. What role do materials play in the intellectual environment?

6

Chapter Six
Health Awareness and Response

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Apply principles for maintaining a safe and healthy environment.(f3C)
- Apply procedures and policies in a child care setting.(f4A)

OBJECTIVES TO ACHIEVE

- Explain the importance of good health for children and child caregivers.
- Describe the characteristics of a healthy child.
- List easily identifiable symptoms of illness in children.
- Identify communicable diseases that are common in group child care settings.
- Explore alternatives for caring for sick children of employed parents.
- Summarize appropriate caregiver response when a child becomes ill.
- Explain appropriate care of children with chronic, handicapping, or progressively severe illnesses.

Importance of Good Health

Young children have their whole lives before them. The child's health affects the way he or she grows, learns, and behaves. Good physical and mental health allows children the chance to benefit from all their abilities. A disease, an abnormal condition, an injury, physical abuse, mental abuse, or neglect may damage a child's health and limit his or her opportunities. Early recognition and treatment of any of these conditions is important.

When a child care program accepts a child for care, the program also accepts part of the responsibility for the child's health. A quality child care health program includes health awareness and appropriate response to illness.

It is important for child caregivers to be healthy in order to properly perform their duties and to reduce the spread of disease. Eating nutritious foods, getting plenty of exercise and rest, and following other good health practices will help caregivers stay healthy. Caregivers, as adults, have developed stronger immunities to disease than children. In addition, following the good health and sanitary practices outlined in this book will reduce the spread of disease.

Health Awareness

Health awareness involves recognizing wellness and the symptoms of illness and disability. It involves knowledge of illnesses that are common in group child care settings. A caregiver's health is also part of a health awareness program.

CHARACTERISTICS OF A HEALTHY CHILD

Before caregivers can fully understand and recognize the symptoms of children's health problems, they need to know how children look and behave when they are in good health. Healthy children are active, alert, and often noisy. They have clear skin, bright eyes, shiny hair, straight posture, and strong white teeth that are in good condition. Their bowel movements are regular and normal. They sleep soundly and eat without coaxing and without overeating. They steadily gain weight and grow taller.

Healthy children enjoy both individual and group activities. Familiar surroundings and activities make them feel happy, content, and secure. They are curious and excited about new experiences. Healthy children usually trust others and are basically free from worry. They generally feel good about themselves.

RECOGNITION OF ILLNESS

Sick children usually have shorter attention spans than healthy children, and they have little energy. They are often cranky and irritable and may cry easily. They may get into fights or minor conflicts more often than they do when they are healthy.

Many childhood illnesses occur suddenly. Usually the signs and symptoms of these illnesses are easy to recognize. Some of the easily identified symptoms of illness include:

- runny nose, sneezes, coughs
- flushed face and hot, dry skin

- raised temperature
- unusual paleness or coldness
- large amounts of sweating unexpectedly
- sore throat
- hoarse or husky voice
- swollen glands
- watery or glassy appearance of the eyes
- pain in ear, head, chest, stomach, abdomen, or joints
- nausea, vomiting, diarrhea
- rash, bumps, or breaking out of skin
- stiff back or neck
- convulsions, seizures, or attacks during which a child stiffens and twitches

Some illnesses and disabilities develop gradually and their symptoms are difficult to recognize, especially in the early stages. Screening and other health assessment methods, discussed in Chapter Seven, are used to help detect serious illnesses and disabilities in their early stages.

When an illness can be easily passed from one person to another, the illness is ***communicable. Contagious*** diseases are communicable by contact with a diseased person or with an object that a diseased person has used. ***Infectious*** diseases can move from one person to another or from one part of the body to another. Table 6.1 provides information about common communicable childhood diseases.

DISEASES FOUND IN GROUP CHILD CARE SETTINGS

In group settings, young children are exposed to disease more often than they are at home. Some studies have found that children enrolled in child care are sick more frequently than children not enrolled in child care. Some diseases have been identified which seem to be increasing among children enrolled in group child care. These diseases include:

- upper-respiratory infections (colds)
- diarrhea
- ***conjunctivitis*** (inflammation of the eye; also called pinkeye)
- ***impetigo*** (bacterial skin infection)
- streptococcal sore throats

Another common problem in group settings is ***head lice.*** These are tiny insects that live on blood which they suck from the scalp. They are often spread by a child with unclean hair and scalp, but children with clean hair and scalp can become infected. Lice are so tiny that they can hardly be seen. However, if even one child is infected, the lice can spread rapidly from child to child in a group setting. The bite of the insect causes an itching which can become infected by scratching. Besides causing discomfort, lice can be carriers of disease. An infected child should be sent home for treatment and not allowed to return without a doctor's permission. Other parents should be notified of the problem. Treatment involves washing, disinfecting clothes, and applying a skin ointment or shampoo that will kill the lice.

Another disease that concerns child caregivers is hepatitis A, a viral infection causing inflammation of the liver. Hepatitis A is spread from one person to another by infected feces. Young children often carry the disease (involves transmitting a disease without actually having the disease), but adults usually suffer from the disease. This disease can be transmitted to caregivers by children. The spread of hepatitis A can be prevented by proper handwashing procedures, especially after children go to the toilet. For safety, caregivers should be careful to wash hands thoroughly after diapering infants or when assisting children with any toileting needs.

Response to Illness

Even when every precaution is taken in the home and child care center to protect children's health, illness will occur. Each child care program should have written policies and procedures for handling situations when children become ill. In addition, the policies and procedures should be clear as to the circumstances when a child will not be admitted because of symptoms of illness. These policies and procedures should be clearly communicated by the center director to parents and caregivers and administered fairly.

PARENT AND EMPLOYER RESPONSE

Child care for sick children is one of the most difficult problems for working parents, especially for single parents. Some days the parent needs to be home if a child is very sick. When the symptoms are not very serious, another person could care for the child at home. Some days the child is only mildly ill, but the regular caregiver will not accept the child until all the symptoms of illness have been gone for a specified period of time. The stress can be great for parents who face lost wages (sometimes even lost jobs) or for any parents who must miss important assignments at work when their child is ill. One reason for the stress is the lack of choices in these difficult situations.

Employers also lose when employees are absent from work or worrying about the care of a sick child. For this reason, some employers who provide child care for their employees have explored different child care services for sick children. Possibilities which employers may consider include:

- in-home care for sick children of employees
- sick care at the child's regular center
- sick care at other locations such as hospitals

Each of these choices has advantages and disadvantages for the child, the working parent, and the employer. Special child care services for sick children may be more available in the future.

CAREGIVER RESPONSE

When a child becomes ill, caregivers should comfort the sick child until the parent arrives. Sick children are usually isolated from other children to reduce the danger of spreading germs.

Do not give medication to a child unless authorized to do so. Licensing standards usually require that caregivers have written permission from the parent before medication can be given. Child care center policies usually require that certain caregivers give all medication once parents give their permission. Decisions about medication are the supervisor's responsibility. Some child care centers have a policy of not giving any medication. The caregiver in charge of a sick child should follow these general procedures:

- Make the child comfortable. Remove the child's shoes and any outer clothing (coats, hats, etc.). Help the child onto a cot or other comfortable place to relax. Call the child by name, using a comforting and gentle voice. Decide if the child needs to be covered. If the child has an upset stomach, place a container nearby in case of vomiting. Remind the child where the nearest bathroom is.
- Watch the child carefully. Do not leave the child alone. Note any changes in the child's symptoms.
- Report observations of changes in a sick child's behavior to the supervisor who will decide what steps to take. If the child's parents should be called, the supervisor will take responsibility.
- Locate health and family information if requested by the supervisor. All caregivers should know where such information is kept.

MEDICALLY SPECIAL CHILDREN

Medically special children are children with handicaps, chronic (lasting) illnesses, or illnesses which get progressively worse. These children may need some special help or medical attention while in child care. To help these children feel "normal," avoid giving them special privileges and expect them to be as independent as possible for their condition.

It may be easy for children with special illnesses or handicaps to develop respiratory problems and other infections. Children with leukemia, cystic fibrosis, and sickle cell anemia are in this group. Detailed written instructions from the parent and a doctor will help caregivers to care for medically special children. Instructions should include ways to handle an emergency. Under the direction of a supervisor, caregivers should follow these instructions carefully.

Chronic Illnesses

Chronic illnesses are non-communicable illnesses which last a long time but which remain under control with proper care and medication. Children may outgrow some chronic conditions, but others may last a lifetime. Allergies, diabetes, and epilepsy are three chronic conditions that child caregivers may encounter.

Allergies - An ***allergy*** is an abnormal sensitivity of the body to a substance found in the surroundings. People may be allergic to dust, flowers, pets, foods, perfume, pollen, feathers, grain crops, weeds, pollen, insect venom, medicine, or other substances. The most common symptoms of allergies are like the symptoms of a cold and may include red or watery eyes, runny nose, or a cough. Other more extreme symptoms may include a rash, stomach pains, difficulty in breathing, or even vomiting. ***Asthma*** is a serious allergic lung condition that causes attacks of coughing and wheezing. When a child is allergic to a specific food, the child's diet must be watched carefully.

Severely allergic children will often be under a doctor's care and may be on medication to control allergy symptoms during the day. Some medicines given for allergic conditions cause drowsiness.

Diabetes - About 2 out of every 1,000 school children have diabetes. ***Diabetes*** develops when the body's cells are unable to obtain or use enough insulin. ***Insulin***, which is made in the pancreas, helps the body control levels of sugar in the blood. Almost all diabetic children must have insulin treatment, usually in the form of injections (shots), once or twice a day. Only caregivers who are nurses or doctors are qualified to give shots of any kind.

Diabetic children must also follow a specified diet, and they must eat at regular times. Since diabetics must avoid eating sugar, they often may not be able to eat candy, ice cream, or even fruit juices. Snacks midway between meals are usually necessary for diabetic children. If lunch is delayed for any reason or if children are taken on a field trip, caregivers must see that a protein snack is available for diabetic children. Sugar-free snacks should be provided for diabetic children during a party when sweet foods are served.

Diabetics are subject to two kinds of coma. To go into a ***coma*** means to become unconscious. Caregivers should recognize the symptoms that precede the actual coma and take the appropriate emergency action.

The first type of a coma results from ***hyperglycemia***, or high blood sugar. Before going into a coma, the child will feel warm, nauseous, and drowsy or sluggish. Breathing will become difficult and the child's breath will have a sweet smell. Hyperglycemia occurs when insulin injections are not given, when the child is ill, if the child overeats, when too much sugar is eaten, or when the child does not eat at the proper time. Sugar or foods containing sugar should never be given to a child with these symptoms. A caregiver should recognize the symptoms, immediately call for medical help, and notify the parent.

The second type of coma results from ***hypoglycemia,*** or low blood sugar. This condition can develop very rapidly. One or more of the following symptoms may occur: clammy (sweaty feeling) skin, slurred speech, headache, uncoordinated muscle movement, mental confusion, and vertigo (a feeling of whirling about). Hypoglycemia may develop in the diabetic child by a mistake in insulin dosage, not eating regular meals, or vigorous exercise. The parent of a diabetic child should leave a food or drink containing sugar for the caregiver to give to the child in case these symptoms develop. If the child's normal sugar source is not available, any food containing sugar, such as candy or a soft drink, can be used. When the child is given sugar, the parent should be notified. If the child becomes unconscious, medical help and the parent should be called immediately.

Epilepsy - ***Epilepsy*** is a malfunction of the electrical activity of the brain, usually caused by some kind of brain damage. This does not mean that persons with epilepsy are slow learners or are more likely to have learning disabilities than other people. Persons with epilepsy sometimes have seizures. The seizures may be of three types: grand mal, petit mal, or psychomotor. Some persons with epilepsy will rarely have a seizure if they are given the proper balance of medication.

The ***grand mal seizure*** is the most serious and the most common type with children. The grand mal seizure causes convulsions and the person may become stiffened and have uncontrolled muscle movements. The beginning of the seizure happens quickly, and the person may lose consciousness. If sitting or standing when the seizure begins, the child will fall to the floor. The face becomes pale, pupils dilate, eyes roll, the face is distorted, the flap covering the opening in the windpipe closes, the head may be thrown to the side or backwards, stomach and chest muscles become rigid, and limbs stiffen or contract regularly. This phase lasts less than a minute and may be followed by a short jerking phase. Then the child will fall asleep for a short period of time and may awaken with a severe headache and be confused. The child will not remember having the seizure.

Except for the possible injury caused by the fall, the grand mal seizure is not physically dangerous to the person with epilepsy. The caregiver should help the child lie down, open the child's airway by tilting the head slightly backward, clear away furniture and sharp objects, loosen the child's clothing, and allow the child to sleep afterwards. The caregiver should explain to the other children what a seizure is and why there is no reason to be frightened. The caregiver can also encourage the children to help the sick child feel better by interacting with him or her in their usual ways. The parent should be notified of a seizure so any necessary changes in medication can be made.

Petit mal and psychomotor seizures are often hard to detect, but a caregiver's recognition of the signs of these seizures may help a doctor make the correct diagnosis. ***Petit mal seizures*** involve only a momentary loss of consciousness, usually characterized by brief periods of staring or blinking. There may also be an upward rolling of the eyes, rhythmic nodding of the head, or slight quivering of the arms and legs. Attacks may last from 5 to 30 seconds and be so minor that they go unnoticed.

Psychomotor seizures involve purposeful but inappropriate movements that are repeated and often complicated. For example, a child might turn around in circles or run to the caregiver for no apparent reason. A one to five minute period of unconsciousness may follow, after which the child may feel slightly drowsy but will return to his or her normal behavior pattern.

Epilepsy is usually treated with a single dose of a drug given at bedtime. Therefore, the child care center would usually not be asked to give medication for epilepsy.

Handicapping Conditions

Handicapping conditions may be physical, mental, or emotional/behavioral. Physically handicapping conditions could include blindness, deafness, partial paralysis, or loss of limbs. A child handicapped by paralysis or loss of legs will probably use a wheel chair. A mentally handicapped child might be a slow learner or have other learning disabilities. A child with an emotional/behavioral handicap will often have trouble interacting with other children. He or she may either be withdrawn or may exhibit extremely aggressive behavior.

Caregivers can and should help physically handicapped children cope with their conditions and develop independence. Children with mental handicaps and emotional/behavioral handicaps can also be helped. These conditions will be discussed later in regard to child development principles and teaching methods.

Progressively Severe Illnesses

Illnesses which become progressively more severe include diseases such as sickle cell anemia, cystic fibrosis, and cerebral palsy. These diseases tend to become worse as the child gets older. They often lead to a shortened life span. In many instances, the symptoms of these diseases in young children are mild and will not severely limit activity until children are older. In other cases, children may require special attention.

Sickle Cell Anemia - ***Sickle cell anemia*** is a hereditary disease that primarily affects members of the Negro race. Victims develop misshapen red blood cells which are unable to carry oxygen and produce a condition called anemia. People with this condition are generally weak. Some people with sickle cell anemia develop small ulcers (sores) around the ankles. In severe cases, the victim may experience headaches, nausea, vomiting, jaundice, fever, and pains in the muscles and joints.

Cystic Fibrosis - ***Cystic fibrosis*** is a hereditary disease of the pancreas and lungs. It begins in infancy with the inability to digest foods well and difficulty in breathing and continues throughout the life of a person.

Cerebral Palsy - ***Cerebral palsy*** is a neuromuscular disorder caused by lesions in the motor centers of the brain. The condition may be caused by a prenatal brain defect or a brain injury during birth. Victims have little or no control over their movements and may have difficulty with speech and swallowing. Some victims may be on crutches or in wheel chairs. Many victims of cerebral palsy have mental deficiencies, but only one third of these children are below the acceptable educational levels. As with all medically special children, cerebral palsy victims need surroundings in which they are encouraged to try new things and are allowed to have good relationships with others. These children also need the chance to learn what things they can do for themselves.

AIDS - ***Acquired Immune Deficiency Syndrome*** (AIDS) is a communicable disease that destroys the body's ***immune system.*** The immune system is responsible for fighting off infections and other diseases. Thus, it is very easy for a child with AIDS to develop respiratory illnesses (such as pneumonia) and other infections. A child with AIDS may need to be removed from the classroom for his/her own protection when cases of measles, chickenpox, or other infections occur among the other children.

Children with AIDS need to be isolated from other children in the child care setting when either of the following exists: open sores which cannot be covered or behaviors such as biting are exhibited by the infected child. Caregivers assigned to caring for infants or children who are not toilet trained should exercise and teach sanitary practices. Wearing gloves and cleaning the toileting or diapering area with disinfectants are good hygiene practices. Caregivers with open sores or injuries on their hands should be especially careful to wear gloves. A good disinfectant can be made by mixing one part household bleach with ten parts water. Disposable towels or tissues should be used whenever possible, and mops should be rinsed in a disinfectant.

All persons involved in the care and education of a child with AIDS should respect the child's right to privacy which includes maintaining confidential records. The Texas Department of Health has set forth guidelines to protect children, caregivers, and children with AIDS as have many other states. These guidelines and the policies established by the child care center should be strictly followed by caregivers.

Other Progressively Severe Illnesses

Other conditions that may be classified as progressively severe illnesses include leukemia or other types of cancer in children. However, these diseases have about a 50 percent cure rate if recognized and treated early. Cancer victims usually undergo a series of treatments that may leave them weak and cause them to easily develop infections. Some types of treatment might cause victims to temporarily lose all of their hair.

COMMUNICABLE CHILDHOOD DISEASES

Table 6.1 gives the symptoms and incubation periods for some common childhood diseases. The diseases given on the last page of Table 6.1 are preventable through immunization. If a child in your care exhibits any of the symptoms given, exclude the child from the other children. Follow these steps after excluding the child:

- Take the child's temperature.
- If the child has fever, call his/her parents and have the child picked up.
- If the child does not have fever, call his/her parents to find out if they are aware of the condition of their child and to get more information about the child's condition.
- If the child has diarrhea, pinkeye, yellowish-eyes or skin, severe coughing, or if the child is having difficulty in breathing, call the parents of the child and have him/her picked up. The child should be taken to a doctor.
- Notify the parents of other children so that they may watch for symptoms of illness in their children.
- Enforce hand washing and sanitary procedures until the diagnosis of the infected child is given to the center.
- Watch other children for similar symptoms.

In some cases, it may be necessary to notify the Health Department to obtain information on protecting children, caregivers, and family members who have been exposed to the infected child. Give this information to parents and other caregivers.

Disease	Incubation Period
Chicken Pox	13 - 17 days
Common Cold	12 - 72 hours
Flu	24 - 72 hours
Head Lice	1 - 2 weeks
Hepatitis A	10 - 50 days
Impetigo	4 - 10 days
Meningitis	2 - 10 days
Pinkeye	24 - 72 hours
Ringworm	10 - 14 days
Scabies	3 - 4 days or longer
Sore Throat	2 - 5 days
Strep Throat	1 - 5 days

Table 6.1

Symptoms	How to Protect Other Children
Slight fever, small blisters on chest and back	Exclude the sick child from school for one week, or until all blisters have scabbed over. Notify the parents of the other children immediately.
Runny nose, sneezing, overly tired	Keep the infected child home until he/she feels well. Colds are caused by viruses and they spread quickly from person to person. Watch other children for similar symptoms.
Sudden chills, sudden high fever, headache, body aches, sore throat, cough	Isolate the child from other children until the parents pick the child up. Exclude the child from school for at least three days.
Look for eggs (nits) along the hair shafts. Scalp will itch.	Exclude the infected child from the center until he/she is under treatment. Check other children in the center. Vacuum to get rid of lice in the center. Wash items used by the infected child in very hot water to destroy lice and their eggs.
Fatigue, profound loss of appetite, yellowish skin, dark brown urine, light-colored stool	Exclude child from center for one week after illness begins. Notify the Health Department so that people exposed to the infected child may be treated.
Look for blisters that break open and form crusty sores. Sores contain a yellowish-white pus.	Exclude the child for one day after treatment begins. Keep the infected child clean. Enforce handwashing procedures.
Fever, stiff neck, nausea, vomiting, loss of consciousness	Exclude the sick child from the center until the Health Department releases the child. The only way to positively diagnose meningitis is through a spinal tap. Notify the other parents so that they may watch for symptoms in their children.
Whites of eyes redden. A yellow-white pus drains from the eyes. Eyelids are sometimes swollen and stuck together.	Exclude the infected child from school until treatment begins. Enforce handwashing procedures. The disease spreads easily through contact, so if possible keep the infected child out of school until the infection is gone.
Dry, circular patches are on skin; bare spots on scalp. These areas are reddish with raised edges.	Exclude the infected child from school until he/she is under treatment. Since ringworm spreads easily from person to person, do not allow other children to come into direct contact with the infected child.
Severe itching and scratching; small, raised, reddened areas on the skin; gray or black lines under the skin	Exclude the infected child from school until he/she has been under treatment for one day. Notify the Health Department to find out how to treat people who have been in direct contact with the infected child. Wash all clothes, linens, and towels used by the child (during the two days prior to diagnosis and treatment) in hot water and dry in a hot dryer.
Sore and scratchy throat, difficulty in swallowing, possible fever	Keep other children away from the infected child until the cause of the sore throat is determined. Do not allow children to drink after each other.
Headache, fever, sore throat, swollen glands in the neck; possible nausea and vomiting	Any child with a severe sore throat, with or without other symptoms, should be sent home. Only a doctor can diagnose strep throat. Exclude the child from the center until he/she is under antibiotic treatment. Notify the parents of the other children so that they may watch for symptoms in their own children.

SOURCE: U. S. Government Printing Office, *Stop Disease in Child Day Care Centers*, Superintendent of Documents, Washington, D. C.

Table 6.1 - Continued

DISEASES PREVENTABLE THROUGH IMMUNIZATION

Disease	Incubation Period	Symptoms	How to Protect Other Children
Diptheria	2 - 6 days	Symptoms include sore throat, swollen tonsils, and fever. Symptoms become severe rapidly. Tonsils have a grayish covering.	Exclude the sick child from school until the Health Department determines that it is safe for the child to return. Find out what preventive measures should be taken. Watch for sore throats in other children and staff members for seven days. Send any possible cases to a doctor. Diptheria is prevented by a DTP vaccination.
Measles	7 - 14 days	First symptoms are similar to fever and colds. A red-brown rash appears after the 4th day.	Exclude the sick child from the center for five days after the rash appears. Notify the Health Department to find out what preventive measures should be taken. Measles is prevented by an MMR vaccination.
Mumps	12 - 26 days	Main symptom is pain and swelling over jaw and in front of ear. Other symptoms include fever, nausea, and/or vomiting.	Exclude the sick child from school for nine days after swelling begins. Notify the Health Department and parents of other children. Enforce group separation and hygiene practices. Mumps is prevented by an MMR vaccination.
Pertussis	7 - 14 days	First symtoms are similar to a cold with low fever. Later symptoms include severe coughing attacks that end with a "whoop."	Exclude the infected child from school for four weeks after intense coughing starts. If under antibiotic treatment, the child may return five days after treatment is begun. Notify the Health Department and the parents of other children. Watch children in the center for two weeks for any sign of cough. If a cough does develop, send the child home until he/she is seen by a doctor. Pertussis is prevented by a DTP vaccination.
Polio	3 - 21 days	Stiff neck, fever, headache, nausea, and sore throat	If a child is suspected of having polio, he/she should be isolated from other children until the diagnosis is confirmed. The only way to prevent polio is through a polio vaccine (such as the OPV).
Rubella	14 - 21 days	First symptoms include fever, headache, sore throat, and swollen glands. These symptoms are followed by a pink to red rash that spreads over the body.	Temporarily exclude the sick child from school. Notify the Health Department to help confirm the disease through blood tests, etc. Make sure everyone in the center has been immunized. Rubella is prevented by an MMR vaccine.
Tetanus	approx. 10 days	Muscle spasms, possible paralysis	Tetanus is caused by a bacteria that can live in small amounts of soil. It is necessary to ensure that all cuts, scrapes, and puncture wounds are cleaned thoroughly with soap and water. All people should be immunized against tetanus. Tetanus is prevented by a DTP (Td) vaccine.

Table 6.1 - Continued

Points To Remember

- A disease, an abnormal condition, an injury, physical abuse, mental abuse, or neglect may damage a child's health. Early recognition and treatment may restore the child's opportunities to live life to the fullest.
- Healthy children are active, alert, curious, trustful, and often noisy. They have bright eyes, clear skin, shiny hair, straight posture, white teeth, and regular and/or normal bowel movements. Healthy children sleep soundly, eat without coaxing or overeating, and gain steadily in height and weight. They enjoy individual or group activities and have a positive self-image.
- Sick children have shortened attention spans and little energy. They are often cranky, irritable, and may cry easily. Caregivers should be alert to these behavioral changes as well as symptoms of many common childhood diseases.
- Upper respiratory infections, diarrhea, conjunctivitis, impetigo, and streptococcal sore throat commonly occur in group child care settings.
- Caregivers should be concerned with the health risks associated with chid care. Hepatitis A is one disease that is known to have been transmitted to caregivers by children. Transmission of the disease can be prevented by careful handwashing procedures.
- Working parents are forced into a stressful situation when a child is sick and unable to attend child care. Alternatives to child care for a sick child might include parental in-home care, caregiver in-home care, or caregiver care provided at another location.
- The caregiver in charge of a sick child should be reassuring, encourage relaxation, and make the child comfortable. The caregiver should also watch the child carefully, report changes in the child's condition to the supervisor, and locate health and family information if requested by the supervisor. Caregivers should never give medication unless authorized by the center and by the parent to do so.
- Caregivers for children with chronic, handicapping, or progressively severe illnesses should follow detailed written instructions from the parent and/or doctor. Making these children feel comfortable in their surroundings and helping them to develop positive self-images is very important. Reporting any changes in symptoms to a supervisor is also crucial.
- Caregivers should report signs of illness in children to their supervisor and follow established written policies in caring for sick children.

Words To Know

Acquired Immune Deficiency Syndrome
allergy
asthma
cerebral palsy
chronic illnesses
grand mal seizure
head lice
health awareness
hyperglycemia
hypoglycemia

coma
communicable
conjunctivitis
contagious
cystic fibrosis
diabetes
epilepsy
immune system
impetigo
infectious
insulin
petit mal seizures
psychomotor seizures
sickle cell anemia

Questions For Review

1. Name two aspects of a quality child care health program. What does health awareness involve?

2. Describe behavioral and physical symptoms of a child suffering from a childhood illness. Describe a healthy child.

3. Using Table 6.1, list symptoms for the common cold, pinkeye, impetigo, streptococcal sore throats, head lice, and hepatitis A.

4. Are children or caregivers more likely to suffer from hepatitis A? Why?

5. Give two reasons why caregivers should be concerned with being in good health.

6. Explain treatment procedures for head lice.

7. What are three alternatives for employers providing child care services for sick children of employed parents?

8. Johnny has a headache and is feeling nauseous. He begins to complain of chills, but his face is flushed and warm. Name, step-by-step, the procedures a caregiver should follow to respond to Johnny's illness.

9. Explain the difference between chronic illnesses and communicable diseases.

10. Name the common symptoms of allergies.

11. Name the two types of diabetic coma. Describe the symptoms and emergency procedures a caregiver can use for each.

12. What is epilepsy? Name the three types of seizures a person with epilepsy may have.

13. Give an example of each type of handicapping condition: physical, mental, emotional/behavioral.

14. What are three illnesses which become progressively more severe?

7

Chapter Seven
Healthy Child Care Procedures

ESSENTIAL ELEMENTS

- Summarize the need for proper climate control and lighting.(f3A)
- Apply principles for maintaining a safe and healthy environment.(f3C)
- Point out important considerations concerning children's clothing.(f2F)
- Demonstrate ways to assist children with clothing.(f2G)
- Evaluate nutritional value of snacks and/or meals.(f2E)

OBJECTIVES TO ACHIEVE

- Explain the importance of screening and other health assessment techniques.
- Examine the effect of indoor lighting, temperature, and ventilation on children's health.
- Identify appropriate and inappropriate seasonal clothing for children in regard to their health.
- Relate sanitation and personal hygiene practices to children's health.
- Analyze the importance of good nutrition to children's health.
- Explain the importance of immunization and the role of parents and caregivers in seeing that children are immunized.
- Identify opportunities for health education of young children in child care.
- Explain the importance of accurate and accessible child care health records.

An important part of a quality child care health program is detection and prevention of illness and injury. To accomplish this, child care programs should set good guidelines and workers must follow correct procedures. These procedures include screening and other health assessment methods and good health and hygiene practices. ***Health assessment*** is the overall process of evaluating health strengths and needs. Children are referred to health professionals when specific needs are identified. Quality child care programs will include a health education program for children and will keep accurate health records.

Health Assessment Techniques

Besides watching for obvious signs of illness, child caregivers must be aware of other possible health problems which children may have. These problems may be physical, ***psychological*** (mental, emotional, social, behavioral), or ***neurological*** (affecting the nerves and the nervous system).

Screening tests and other methods are used to determine the health of a person. It is very important to detect any progressively severe illnesses which can be treated and stopped in their early stages. There should also be concern about diseases that spread easily in group child care settings.

SCREENING

Screening tests are examinations done to detect specific health problems. Screening is used to help detect illnesses in their early stages. Screenings identify people who may have specific disorders. State health rules may require screening tests for specific age groups. For example, a state may require that all four-year-olds enrolled in child care be given vision and hearing screening tests.

A screening test, by itself, does not definitely guarantee that a person has a certain disease or condition. Although they are usually very accurate, screening tests, like all tests, are subject to error. Further examination by a health expert is necessary for a final diagnosis to be made.

Common screening tests that may be given in child care settings are hearing, vision, and physical growth tests. In some communities, child care directors may be trained to give basic hearing and vision tests. The teacher or another caregiver usually measures each child's height and weight at certain times, usually twice a year.

Some child care programs will use other screening tests. These may include tests for lead poisoning, tuberculosis (TB), developmental disorders, and dental problems.

Written permission should be secured before screening tests are used at a child care center. Some parents prefer that their child not be tested, or they prefer to have screening done at another time. A child care center could be held liable if tests are conducted on children without their parents' permission.

OTHER HEALTH ASSESSMENT METHODS

Screening is just one type of health assessment. Usually, group screening tests for a certain disorder are conducted only once a year. If a possible disorder is noticed using other health assessment methods, a child may be referred for private screening or medical examination. Other health assessment methods include health histories and health observations.

A ***health history*** is an up-to-date written account of all events known to affect a child's health in the past. A child's health history should include information about the health of family members as well as about the health of the child. Licensing standards usually require that a child care program acquire a health history for every child at the time of enrollment. The health history becomes part of the child's health record to be kept on file at the center. Details of the health history will be discussed in regard to maintaining health records.

Health observations involve caregivers watching children carefully in order to notice any possible disorders or illnesses. Caregivers should always share any concerns about possible health problems they observe with their supervisor or a health professional who works at the child care center. The following observation checklist can be used by a teacher to keep track of a child's health status:

- **general appearance**: weight change (gain or loss), fatigue, excitability, skin color, size for age group, posture, body tenseness
- **scalp**: itching, sores, cleanliness
- **face**: general appearance, expression (e.g., fearful, anxious, happy), color
- **eyes**: redness, tearing, puffiness, coordinated eye movements, sensitivity to light, squinting, frequent rubbing, sores
- **ears**: drainage, frequent earaches, confused looks, or inappropriate responses
- **nose**: runny discharge, sneezing, deformity, frequent rubbing, congestion
- **mouth**: cavities or malformations of teeth, redness, spots or sores, malformation on inside of mouth, mouth breathing
- **throat**: enlarged, red or infected tonsils, or red throat with or without white spots
- **neck**: enlarged glands
- **chest**: wheezing, rattles, labored breathing (shortness of breath), frequent coughing with or without other symptoms
- **skin**: color, rashes, scratches, bumps, bruises, unusual scars
- **speech**: clearness, appropriate for age, substitution of letter sounds, stuttering, monotone voice
- **arms and legs**: equal length, straightness, posture, coordination, toes pointing in or out, bowed legs
- **behavior**: level of activity, alertness, amount of cooperation, appropriate for age, appetite, sleep habits, irritability or excitability, motor skills

It is important to remember that parents, not caregivers, make the final decisions about their child's health. Health professionals determine what disease or health problem a child may have and suggest what should be done about it. A child's teacher has the opportunity to see a child regularly for several hours each day. The teacher and other caregivers may be able to notice possible health problems which others may not notice. It is important for caregivers to work cooperatively with parents in carrying out the treatment prescribed by the health professional.

Prevention of Illness

Prevention is the best way to fight illness in a child care setting. Health assessment is one important step in prevention of illness. Other important procedures include classroom climate control, appropriate dress for children, sanitation practices, good nutrition, and immunizations.

CLASSROOM CLIMATE CONTROL

The classroom's physical climate affects illness prevention. Well-lighted rooms and activity areas prevent eye strain and make all activities more pleasant. Rooms should be kept at the right temperature for the activities of the children. Temperatures that are too warm or too cool may contribute to certain illnesses, particularly upper respiratory illnesses. In dry climates and/or in winter, humidity can be added to the air to increase the comfort level.

Good ventilation is also important. Children and caregivers may become drowsy in rooms with poor air circulation. As a result, children may have behavior problems. Doors and windows should be opened for fresh air when the weather permits. If possible, children should play outdoors each day, even if only for a short period of time.

Group size and control also affect illness prevention. Close contacts among children should be limited by controlling the number of children seated at tables or playing in each area. During nap times, children should be placed on their cots or rugs in a head-to-foot arrangement to prevent them from breathing in each other's faces.

APPROPRIATE DRESS FOR CHILDREN

Children's clothing should be selected which provides comfort within the physical climate of the child care center. Temperature levels in a child care center may be very different from temperature levels in homes. Parents may need special instructions about how best to dress their children for indoor and outdoor activities at the child care facility.

Children's clothing should be comfortable, durable, and washable. Children should not fear "punishment" for getting their clothes soiled either from toileting accidents or from their normal activities. To prevent this problem, parents should provide an extra set of clothing to be kept at the child care center. This clothing is available in case of accidents. Each piece of clothing should be marked with the child's name and kept in the child's cubbyhole with other personal items.

Each child's clothing should be chosen for the child's level of development. This means that children should be encouraged to dress and undress themselves when they develop the physical and mental ability to do so. The best way to help them with this skill is to dress children in clothing that they can manage easily. For example, toddlers cannot manage tight necklines and buttons or zippers in the back. Young children who are being toilet trained need soft elastic waistbands that they can manage quickly and easily.

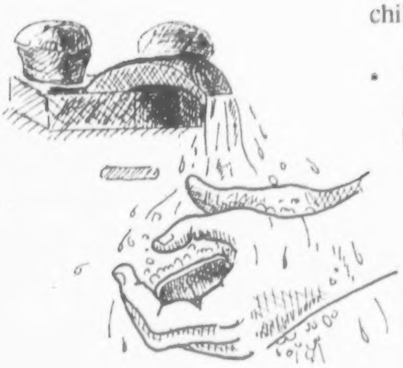
It is very important to watch children's shoe sizes because children's feet may grow very quickly over a short period of time. Shoes that are too small or too large can restrict physical movement, cause the child to trip easily, and harm the normal growth of the child's feet. Children also need shoes with closures which are easy for them to manage.

SANITATION PRACTICES

Sanitation refers to actions taken to protect people from disease. Sanitation practices relate to cleanliness and stopping the spread of germs.

Personal Sanitation Practices

The following personal sanitation practices will help keep germs from spreading in a child care center. Of these practices, frequent handwashing by children and caregivers is the most important.



- Wash hands upon arrival at the center, before touching food, after diapering a child, after wiping a child's nose, after any messy job, and after going to the bathroom. To make sure hands are free of germs, do as follows:
    - Use soap and warm running water.
    - Rub hands vigorously while washing.
    - Wash backs of hands, wrists, between fingers, and under fingernails well.
    - Rinse hands well. Leave water running.
    - Dry hands with a disposable paper towel.
    - Turn off water using a paper towel instead of bare hands.
- Use disposable tissues (not handkerchiefs) for runny noses. Throw away each tissue immediately after use by putting it in a proper trash container. Do not leave used tissues lying around. Do not put them in your pocket. Wash hands after disposing of the tissue.
- See that children use their own labeled washcloths, towels, toothbrushes, sheets, blankets, and cots.

  Remove soiled clothing or bedding quickly and place it in the proper container. Do not leave it lying around.
- Turn your head away and cover your mouth when coughing or sneezing. Use a tissue if you can. Teach the children to do the same.

- Keep sick children away from others.
- As a caregiver, report any illnesses or infections you have to your supervisor. The supervisor will decide whether or not you should be near the children.
- Practice good personal ***hygiene*** (cleanliness). Keep your body, hair, nails, and clothing clean and neat. Wash your hands frequently as instructed above.
- When caring for children with highly contagious diseases, disposable plastic or rubber gloves are often necessary if a caregiver comes in contact with bodily fluids (blood, urine, feces, etc.). Even when disposable gloves are worn for such tasks, hands should be washed carefully after removal of gloves.

Sanitation Checkpoints

Cleanliness is important for all areas and equipment in a child care center. However, three areas are especially important for prevention of disease. These areas are the bathrooms, the crib and diapering area, and the food preparation and service area.

Bathrooms — Children need clean areas for brushing teeth, toileting, and washing. The bathroom areas should be well ventilated, and furnishings should be in good operating condition. Warm, but not scalding, tap water should be available for handwashing. The washing and toileting fixtures should be scrubbed with detergent and water and disinfected with sanitizing solution daily. An appropriate sanitizing solution is a mixture of two tablespoons of liquid chlorine bleach and one gallon of tap water.

Crib and Diapering Area — The crib area must be kept clean and have washable floor coverings. All furnishings and equipment, including cribs and toys, must be washed each day with detergent and water and wiped with a clean cloth dipped in a sanitizing solution.

The diapering area is a dangerous area for the spread of germs. Infants and toddlers should be diapered on a disposable surface that is thrown away after each use. Disposable surfaces include squares of any type of clean paper or commercial disposable pads made for use in diapering. The diapering area should be near a sink. While disposable gloves are helpful, caregiver handwashing after each diapering is very important in preventing the spread of disease. The diapering area should be separate from the feeding area.

Food Preparation and Food Service Area — The food preparation and service areas of a child care center should be cleaned daily. The best sanitary methods and equipment should be used to clean all eating and drinking utensils. Workers who prepare or serve any foods to children should follow sanitation practices to prevent food-borne illnesses. A ***food-borne illness*** is any disease that is carried, or transmitted, to people by food.

The two food-borne illnesses that are most common and could occur in child care are ***salmonellosis*** and ***staphylococcus*** food poisoning. Information about these two diseases is shown in table 7.1.

Salmonellosis, staphylococcus, and other food-borne illnesses can be prevented by following the rules given below.

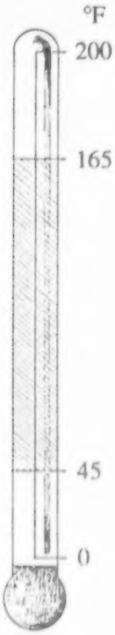
- Always work with clean hands. Wash hands thoroughly with soap and warm water after going to the toilet and after handling raw food or any other object that might possibly be dirty or contaminated.
- Avoid touching hands to face, mouth, or hair while preparing or serving food. Keep hair in place with a hair covering. Tie hair back if it is long. Protect food and hands from coughs and sneezes. Wash hands well after coughing, sneezing, or using facial tissue.
- Do not use cooking or serving utensils to taste food.
- Do not work in any area of food preparation or service when you have an infected wound, boil, respiratory infection, or other communicable disease.

TWO MAJOR FOOD-BORNE ILLNESSES

	Salmonellosis	**Staphylococcus (Staph)**
Bacteria	*Salmonella*	*Staphylococcus aureus*
Causes Illness Within	6 to 48 hours	1 to 6 hours
Symptoms	Abdominal pain, headache, nausea, vomiting, fever, diarrhea	Abdominal pain, nausea, vomiting, diarrhea
Where the Bacteria Can Live	Domestic (especially turkeys & chickens) and wild animals; also humans	Human beings: skin, mucous membranes of nose, throat; infected sores; also animals
Foods Involved	Meat, meat products, meat and poultry salads, egg custards, and other protein foods	Improperly prepared custards, creme-fillings pastries, dairy products, potato and other salads, warmed-over foods, meat, poultry, and many other protein foods
Prevention	Good personal hygiene, avoid fecal contamination from unclean food handlers and unsafe operating practices, eliminate flies and rodents (such as mice)	Cleanliness, sanitary habits, proper heating and refrigeration, no food handling by infected people

Adapted from: *Applied Foodservice Sanitation*, 2nd ed., D.C. Heath and Company, 1978, p. 39.

Table 7.1



- When cooking food, make sure that heat gets to all parts of the food.
- Clean all kitchen equipment thoroughly with soap and hot water.
- Prevent contact between raw and cooked foods. Such contact can cause ***cross-contamination*** which means bacteria is transmitted from one food to another food. The foods can come into contact with each other through the cook's hands, equipment, or cooking utensils. Wash any equipment or utensil thoroughly before using it to prepare a second food.
- Avoid keeping food between 45° and 165°F. Bacteria can grow or survive in this temperature range. Hot foods should be heated to a temperature of at least 165°F. Cold foods should be served at a temperature below 45°F.
- When refrigerating or freezing food or left-overs, place them in small containers so the temperature will drop as quickly as possible. Refrigeration temperature must be 45°F or lower.
- Thaw frozen foods in the refrigerator. Use thawed foods immediately or cook them as quickly as possible.
- Serve hot foods as soon as possible after they are cooked.

NUTRITION

Nutrition includes the food eaten and the way the body uses it. Children need nourishing (nutritious) food to keep their bodies healthy. A very young infant is nourished only by liquids but still needs a balanced diet. Mother's breast milk and/or prepared formulas provide the necessary nutrients for infants.

A balanced diet includes the basic nutrients: proteins, carbohydrates, fats, vitamins, and minerals. Water is also important to a child's diet. The so-called "junk foods" (foods that contain little or no nutritive value – such as soft drinks and candy) should not be served in child care settings. Foods high in salt and fat should also be avoided.

Children can meet their nutrient needs by eating a variety of foods from the Basic Five Food Groups. The Five Food Groups and the daily requirements for young children (six years of age or less) are listed in Chapter Twenty-five.

The child care center should attempt to meet that part of a child's daily nutritional needs not met at home. State licensing regulations will list minimum standards based on the hours per day the child is in child care. The director of a child care program is responsible for planning nutritious meals and snacks.

Children who do not eat properly often lack the energy to engage in active play. They may be quiet, withdrawn, or seem to not care about many activities. They become ill more easily than other children and stay sick longer than well-nourished children do. Poorly nourished children may be injury or accident prone. They may be less alert and slower to react because of low blood sugar.

Abnormal conditions caused by poor nutrition are hard to recognize unless they are extreme. However, some symptoms in a child that may be the result of poor nutrition are as follows:

- a loss of weight or lack of growth
- severely decayed teeth
- bleeding of the gums and bleeding under the skin
- irritability, sluggishness, tiredness, and puffiness of the face, arms, and legs
- complaints of a sore, burning tongue, and/or cracks in the skin at the corners of the mouth
- bowed legs, large lumps at the end of the ribs, or a square shape to the head
- an unusually large appetite while at the child care center

Obesity (being extremely overweight) is another nutritional problem among some young children. An obese child may be slower, less coordinated, more accident prone, and subject to teasing by other children. In each of these situations, the child's physical, emotional, and social well-being may be affected. Obesity is not always caused by eating too much or by lack of nutrition in the diet. Genetic factors, severe emotional stress, or physical damage to specific parts of the brain, may be factors contributing to obesity in some children.

Many factors influence children's food likes and dislikes and how much they eat. Child caregivers responsible for planning and implementing nutrition programs (including education programs) for children should be aware of these circumstances. They may include the following:

- **Cultural and ethnic customs** — Families who originally came to the United States from northern Europe may consume large amounts of milk and milk products. Some Puerto Rican families may eat rice and not drink milk. Some Mexican-American families may eat corn and beans rather then drinking milk and eating different vegetables. These are examples of cultural and ethnic customs that influence children's eating patterns.
- **Family income** — High-income families may buy more meats, dairy products, fresh fruits, and vegetables than low-income families. Low-income families may buy more starchy foods and fatty cuts of meat.
- **Family environment** — Because of the family environment, a child may develop poor eating habits, anemia, dental cavities, lack of appetite for nutritious food, or become overweight if allowed to eat anything at any time. In an unsanitary home environment, the child may be ill frequently with vomiting and/or diarrhea.
- **Societal influences** — Social, technical, and economic changes in society have influenced the popularity of fast foods, take-out foods, and pre-prepared foods of all kinds. Advertising encourages children to want these types of foods. The favorite meal for many children is "hamburger, fries, and a soft drink."
- **Health status** — The state of the child's health affects the child's nutrition. An ill child may need extra nutrients in order for the body to heal, may not have a hearty appetite, or may not adequately digest food.

IMMUNIZATIONS

Some communicable diseases are preventable through immunization. ***Immunization*** is a process in which a very small amount of a particular disease

germ (mumps, for example) is injected into the bloodstream so that the body begins to produce the type of antibodies to fight the germ. Immunization takes advantage of the body's ability to develop its own defenses against disease.

Children from one to four years of age should be immunized against diphtheria, tetanus, pertussis (whooping cough), measles, rubella (German measles), mumps, and polio. (The diphtheria, pertussis, and tetanus vaccinations are usually given together in a form called the DTP immunization.) Some states still require smallpox vaccination. In some states, an Hib vaccine is recommended by the health department for children at high risk of exposure to meningitis. Children enrolled in child care programs are part of this high-risk group. These children can be vaccinated as early as 18 months of age. The maximum age for children to receive the Hib vaccine is five years. State child care licensing standards usually specify what immunizations are required and by what age. An immunization schedule currently recommended is shown in table 7.2.

The parent, not the caregiver, is responsible for seeing that the child is immunized. State licensing standards usually require parents to show proof of immunization before a child can be enrolled in a child care center. Immunization records must be included in the health record kept on file for each child enrolled in child care. Teachers may remind the parents of immunization timetables and, for low-income families, refer the parents to a public health clinic where immunizations are often given without charge.

HEALTH EDUCATION

Health education is important in helping children protect and improve their health. A child care health education program should begin with training for caregivers and should involve the parents as well as the children. Teachers and parents must work together to teach children the basics of good health. Young children are eager to learn. Health habits and attitudes learned early in life are usually long-lasting. The following practices should be stressed when teaching children about good health:

- personal cleanliness
- nutrition
- dental hygiene
- sleep and rest
- body awareness
- good posture
- play and exercise
- dressing for the weather
- feelings and emotions
- self-image
- interactions with others

CHILDHOOD IMMUNIZATION SCHEDULE

Age	Immunizations
2 Months	1st Diptheria-Tetanus-Pertussis (DTP) shot 1st Oral Polio vaccine
4 Months	2nd DTP shot 2nd Oral Polio vaccine
6 Months	3rd DTP shot 3rd Oral Polio vaccine
12 Months	Tuberculin test
15 Months	Measles-Mumps-Rubella (MMR) shot
18 Months	DTP booster shot Polio booster dose MMR shot (if not already received)
18 - 24 Months	Hib (HbPV) vaccine for meningitis
4 - 6 Years (before starting school)	DTP booster shot Polio booster dose MMR (if not already received)
After 4 - 6 Years	Tetanus-Diptheria booster shot every 10 years

Table 7.2

Caregiver Example

Caregivers teach children good health habits by example. Caregivers should not only model the health behaviors they expect young children to learn, but should also explain the reasons for their actions. Caregivers' bodies, hair, nails, and clothing (including shoes) should be clean and neat. Hair should be cut, tied back, or clipped so it does not get in the eyes or in the way when working with children. Fingernails should be trimmed, clean, and short in order not to scratch children by accident and spread germs. Caregivers should be dressed for the weather conditions and for the indoor temperature of the center. Most importantly, caregivers should wash their hands frequently and should properly dispose of tissues used for covering coughs and nose blowing.

Planned Activities

Activities can be planned to help children learn the basic rules of good health. For example, reference to brushing teeth, eating good food, washing hands, and

covering coughs and sneezes with a tissue can be made in story or music time. Doctor's and nurse's play equipment and caregiver guidance about good health practices can be provided in the dramatic play center. Cooking experiences can include learning about the kinds of foods needed for good health and the importance of cleanliness when handling foods and utensils.

A growth chart and scales for weighing children will show children they are growing. Filmstrips, puppets, activity charts, and other audiovisual materials can be used to help children learn to practice good health habits.

Incidental Learning

In incidental learning, the caregiver takes advantage of "teachable moments." For example, if two or three of the children have coughs, all the children in a group can be given tissues to practice covering their mouths as they "cough," disposing of the tissues properly and washing their hands. If a child is concerned about a family member going to the hospital for surgery, the teacher can use that moment to talk about hospital visits and provide dramatic play opportunities about hospital procedures.

Health Records

Accurate and accessible child care health records are important for three reasons. These reasons are as follows:

- providing the best possible health and emergency care for children
- fulfilling licensing requirements
- protecting child care programs and child care employees from liability

The director of a child care program is responsible for developing a health record system. He or she should also inform employees how and when to use the system and should supervise the system.

Permanent health records should be kept on file at each child care center for every child enrolled. For the protection of the center and as a source of information for parents, health records should generally be kept on file for five years following the child's last attendance at the center. Health records contain privileged information that should be made available only to staff members who are directly involved with the child. Parts of the active records must be made available for evaluation by licensing inspectors. Information from the health records should not be shared with anyone else without first getting written permission from the child's parents. The director of the child care center should contact parents to get written permission. Child care health records should contain the following information:

- complete child and family health history
- a copy of a recent physical examination
- immunization records

- emergency information
- dental records
- attendance records
- parent's written request for giving medicine to a child
- directions for giving medicine
- records of names of medicines given and doses given while at child care
- summaries of parent conferences related to the child's health, nutritional status, safety, or special needs
- parent's signed permission form for screening tests given at the center
- results of screening tests
- recommendations made to parents as a result of screening tests
- records of all accidents and injuries, regardless of their seriousness
- detailed health records regarding handicapped children, children with chronic illnesses, and children with progressive diseases

If possible, one person should be responsible for all health records. This person is often the director in a small center or the secretary in a larger center. Records should be current and all entries should be dated and expressed clearly. Caregivers should include their observations, findings, concerns, and communications with parents in order to make these records complete.

Points To Remember

- Screening and other health assessment methods are important in order to detect progressively severe illnesses and conditions which can be treated and stopped in the early stages.

- An important procedure for prevention of illness is classroom climate control. This includes proper lighting, adequate ventilation, and temperatures adjusted to children's needs.

- Clothing for children in child care should be comfortable, durable, washable, appropriate for the child's level of development, and suitable for both indoor and outdoor activities.

- Personal sanitation practices such as handwashing, isolating sick children, good personal cleanliness habits, and seeing that children use their own washcloths, towels, and toothbrushes contribute to cleanliness and stop the spread of germs.

- Child care centers should provide nutritious meals and snacks that help children to have a balanced diet. Caregivers should be able to identify obvious symptoms of poor nutrition.

- Immunizations help a child's body develop defenses against disease. Parents are responsible for seeing that the child is immunized to meet state licensing requirements.

- Caregivers should use planned activities, incidental learning situations, and modeling techniques to teach good health education to children.

- Accurate health records are important to a child care center in order to provide the best possible health and emergency care, fulfill licensing requirements, and protect the child care center and employees from liability.

Words To Know

cross-contamination
food-borne illness
health history
health assessment
health observations
hygiene
immunization
neurological
nutrition
obesity
psychological
salmonellosis
sanitation
screening tests
staphylococcus

Questions For Review

1. What is the purpose of screening tests? List five screening tests that might be used in a child care center.
2. List and define two health assessment methods other than screening tests.
3. What five procedures for prevention of illness should be monitored in a child care setting?
4. How do indoor lighting, temperature, and ventilation affect a child's health?
5. What is appropriate dress for children in child care? How should their age and level of development affect clothing choices?
6. List six personal sanitation practices to prevent the spread of germs.
7. Give an example of cleaning procedures for the bathroom, the crib and diapering area, and the food preparation and service area.
8. Describe five methods to prevent salmonellosis, staphylococcus food poisoning, and other food-borne illnesses.
9. Describe the physical and behavioral symptoms of poor nutrition in children.
10. What immunizations should be commonly given to children?
11. What areas of health education should caregivers stress? List three types of planned activities that can be used.
12. What are three reasons to keep accurate child care health records? List ten items of information a child's health care records should include.
13. What is the director of a child care program responsible for in regard to health record keeping?

8

Chapter Eight

Safety

ESSENTIAL ELEMENTS

- Apply principles for maintaining a safe and healthy environment.(f3C)
- Apply procedures and policies in a child care setting.(f4A)
- Point out developmental differences in children of various ages.(f1B)

OBJECTIVES TO ACHIEVE

- Identify standards and procedures for fire safety.
- Identify standards and procedures for electrical safety.
- Describe standards and procedures for use and storage of hazardous materials.
- Examine the indoor and outdoor environment for eliminating hazards that could result in suffocation, drowning, poisoning, cuts, falls, and other accidents.
- Explain the importance of safety in group play for children.

Accidents are a major cause of injury and death among young children. Child caregivers are responsible for planning and keeping safe surroundings in order to protect the children in their care. This is accomplished by following safety regulations, continually watching how safe the indoor and outdoor environments are, and teaching children safety information appropriate for their ages.

Safety Regulations

Various groups influence safety regulations in child care centers. These groups may include local and state governmental agencies, funding agencies, insurance companies, and the legal profession.

The state child care licensing agency sets minimum standards for child care safety. A child care center must follow basic safety codes in order to receive a license. If a child care program is receiving funding from an outside source, the funding agency's safety guidelines must also be followed. Outside funding might come from the federal government, a foundation, or a private investor. Some insurance companies may also require higher safety standards for liability insurance than the state's minimum licensing standards.

Following safety standards and procedures is important to the safety and well-being of children. It is also important legally. A child care program can be held liable for injuries to a child or employee unless it can be shown that safety policies and guidelines are enforced.

Safety in the Physical Environment

Safe indoor and outdoor environments for young children require careful planning and constant checking. Meeting the safety rules of agencies who issue licenses is only the beginning step in a child care safety program. After safety policies and procedures are written for each child care center, they must then be followed on a daily basis.

Safety inside the child care center is affected by the arrangement of rooms, equipment, and furnishings. Uncrowded room arrangements are safer for young children, who move quickly and often. Traffic paths should be free of objects such as area rugs, toys, and equipment. Child-sized furnishings are safer because children are able to control their movements and to select and return their toys safely. Low furnishings, including shelves and room dividers, allow caregivers to observe and supervise children from any location in the room.

The outdoor child care environment should be arranged for safety also. Equipment and playing areas should be arranged to prevent crowding. Children are less likely to crowd into one area if there are several interesting play areas. Keep activities separate which do not work well together, such as swings and wheeled toys. Playground equipment should be built well for safety and should be appropriate for the ages of the children using the equipment.

Each teacher should check his or her classroom for safety hazards at the beginning of every day. An assigned caregiver should check areas—such as the bathrooms, the kitchen, and the playground—that are used by more than one group. In addition, each caregiver should be responsible for correcting unsafe conditions and/or reporting them immediately. For example, if water is spilled on the floor, the caregiver should mop it up or see that it is mopped up immediately; a frayed electrical cord should be reported to the director so that it can be repaired by an expert.

Room-by-room safety check tours should be done by a team of caregivers at regular times. The tours should be unannounced and rotated by time of day and type of activity. One week the tour might be during meal time, the following week it might be when four-year-olds are on the playground, the following week it might be during indoor learning center time, and the next week it might be conducted when no children are present. The team in a large center might consist of the center director, the assigned safety supervisor for the center, age-level supervisors, and someone from the housekeeping staff. Different caregivers could be assigned for each inspection. For a small program, such as a family day home, the "team" might consist of the director and one other adult. The inspectors should tour each area of the center and record what they observe.

Inspectors should observe the center from the child's point of view. They might kneel on the floor, for example, to see things as children would see them. Team members should especially look for hazards that could cause the following: burns, fire, shock, suffocation, drowning, poisoning, cuts, falls, and transportation hazards.

HAZARDS THAT COULD CAUSE BURNS, ELECTRICAL SHOCK, OR FIRE

Hazards that could cause burns, electrical shock, or fire are often related. For example, a child who touches a frayed electrical cord may suffer burns as well as electrical shock. A frayed electrical cord could also cause a fire.

Burns

Burns can result from a variety of sources. Small children can be burned easily as a result of their curiosity and activity. The following can cause burns in small children:

- contact with an open flame, such as in a gas heater or a gas stove
- contact with a hot surface, such as an electric heater, an electric stove, a hot pan, or an iron
- touching hot liquid, such as scalding tap water or liquid boiling on the stove
- contact with a direct fire, such as from playing with matches
- contact with a metal slide or metal swing chairs heated by the summer sun
- electrical shock, such as when electrical cords, plugs, or appliances are played with or misused

Caregivers should check to see that physical barriers, such as guards, gates, grates, or metal railings, which keep children away from heaters are securely in place. No children should be allowed in the center's kitchen when food is being cooked. For extra safety, handles of pots and pans should be turned away from the front of the stove, out of the reach of children.

Matches should be kept in a closed cabinet (preferably locked) out of view and out of reach of children. The setting on the water heater should be checked; tap water in the bathrooms of a child care center should be no hotter than 110°F. Water for washing dishes must be hotter than 110°F. The water heater itself should be in a closet or area that children cannot reach. Electrical appliances should be checked carefully, as discussed in following sections.

Electrical Shock

The only electrical appliances to be used by children in child care are those, such as record players, that are chosen just for use by children in their activity areas. These appliances should be plugged into an outlet that children cannot see or cannot reach. In fact, all electrical outlets should be above children's reach, covered with an outlet cover, or hidden from view.

Electrical cords should be used safely. Replace frayed cords. Only one cord should be plugged into an outlet. Electrical cords should be hidden as much as possible so children will not be tempted to touch them. Certainly, cords should not be placed across areas where children might trip on them or bump into them. All electrical appliances should be unplugged by a caregiver when they are not in use.

Since water is a good conductor of electricity, people can receive electrical shocks if they touch an electrical appliance and moisture at the same time. Children or caregivers should not use any appliances near water or a source of water. Very little moisture is required for an electrical shock to occur. Because of the small size of children, an electrical shock that might be mild for an adult could be more dangerous to a child. No electrical appliances should be left in children's bathrooms.

Fire

Of all dangers in group settings, fire is probably the most feared. Many injuries, although serious, involve only one or two children. However, fire is a life-threatening danger to everyone in or near a building. Strict enforcement of fire codes by different governmental agencies shows that fire safety is an important concern. Child care centers are responsible for checking the dates of the most recent inspection of the child care center, including inspections of the fire alarm system and the fire extinguishers. It is also important to be sure that clearly written fire exit maps are posted.

Caregivers should recognize fire hazards and correct or report them immediately. Common fire hazards include the following:

- Electrical equipment in poor condition or being used incorrectly
- Combustible materials, such as glue or cleaning solutions, placed near a heat source — ***Combustible materials*** ignite with an "explosive" reaction. They also produce fumes which can be ignited from a nearby heat source, such as a gas furnace or lighted match.
- ***Spontaneously combustible materials***, such as cleaning rags — These materials will ignite on their own if stored in tight spaces. If these items are used in child care facilities by the housekeeping staff, they should be discarded in an outside trash dumpster immediately after use. They should not be stored indoors or placed in indoor trash containers.
- ***Flammable materials***, such as newspapers and empty cardboard boxes — Flammable materials will ignite easily when touched by a flame or will allow

flames to travel through them quickly. They should not be stored in a child care center. This rule should be followed in all rooms including attics, basements, closets, storage rooms, halls, offices, classrooms, bathrooms, and the kitchen.

- Matches or other fire producing items, such as cigarette lighters, which are available to children — Matches should be stored out of the view and reach of children, preferably in a high locked cabinet. If a caregiver carries a cigarette lighter in a purse or briefcase, the purse or briefcase should be kept in a locked cabinet.
- Fire-producing equipment, such as furnaces, stoves, and water heaters, which children can reach — Such equipment should not be available to children. Either physical barriers, such as locked closets or metal guardrails, or constant caregiver supervision, as in the case of kitchen stoves, should be used to prevent injury to children.
- Blocked exits — Each classroom should have two exits. Both exits should be unlocked and not blocked by furniture, equipment, toys, or trash. All outside exits should also be unlocked from the inside and should be clearly marked.
- Missing or nonworking fire-fighting equipment for putting out small fires — Fire extinguishers of the correct type for fires likely to occur, hoses attached to outside water faucets, and baking soda to sprinkle on kitchen grease fires are examples of items needed for putting out small fires.

HAZARDS THAT COULD CAUSE SUFFOCATION

To ***suffocate*** means to strangle or to die from lack of oxygen. Suffocation hazards may appear in both the indoor and outdoor environments. The most common suffocation hazards for children include the following:

- Plastic bags, especially plastic trash bags and the thin plastic bags covering dry-cleaning garments — A plastic bag pulled over a child's head can cause suffocation in minutes. Infants may accidentally block their nostrils with a plastic bag, or older children may play games with plastic bags and suffocate themselves. Be alert for plastic bags that may blow onto the playground or might be brought to the center by a child. When throwing plastic bags away, tie them in a series of knots.
- Enclosed hiding places with a tight lid or door — Chests, trunks, empty refrigerators or freezers, or other containers can be dangerous. A child hiding in a closed-in space soon uses all the oxygen in the air and will suffocate. An old refrigerator or freezer should be stored with the door removed, or it should be belted and locked shut.
- Small objects, such as beads, buttons, and balloons that have popped or that are not blown up — These items can easily block air passages if swallowed and are especially dangerous to small children. Certain foods, such as unchopped meats, wieners, raw carrots, and fruits with pits and nuts, can also block air passages.
- Entrapment spaces and objects — A widely overlooked cause of injuries on playgrounds is ***entrapment*** which can lead to hanging. Narrow spaces (from five to nine inches) in which a child can entrap the head are unsafe. Spaces

to check include open steps, railings, and V-shaped bracings on play equipment. Equipment with parts which can close or tighten on the child are also entrapment hazards. For this reason, children should not be allowed to play with ropes except for supervised jump rope activities. Hangings can also occur when children get loose parts of their clothing caught. Young children should not be allowed to wear jewelry or scarves around the neck. Belts, ties, sashes, and drawstrings should be attached to garments. Children like to experiment and these items can choke, trip, or cut off breathing if children misuse them.

HAZARDS THAT COULD CAUSE DROWNING

Another form of suffocation is by drowning. To ***drown*** is to suffocate in water or other liquid. Children are fascinated by water and enjoy water activities of every type. A child can drown in a very small amount of water, even water that is less than an inch deep. Children have drowned in puddles, drainage ditches, shallow containers of rain water, bathtubs, toilet bowls, and swimming pools. Licensing standards are usually very strict about the use of pools or other water activities. Caregivers should constantly watch for water hazards. The playground should be checked following each rain and melting snow.

HAZARDS THAT COULD CAUSE POISONING

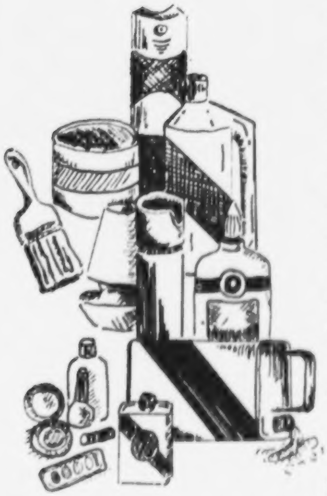
A ***poison*** is any substance that injures health or destroys life when taken into the body. Poisons can be swallowed, breathed, or absorbed through the skin. Ninety percent of all accidental poisonings occur to children under five years old. Poisons can be common household cleaning supplies, medicines, insecticides, cosmetics, paint supplies, certain plants, and a variety of other substances including gasoline and kerosene. Food poisoning was discussed in Chapter Seven.

Poisonous substances should be clearly labeled and in their original containers. Never store poisonous substances in soft drink bottles or any other container that usually holds food and/or drink. Poisonous substances should never be available to young children in a child care setting. Licensing standards may require that certain substances, particularly medicines, be kept in a locked cabinet.

Caregivers should check the labels, the packaging, and the storage safety of the substances on the following list. The list is not complete, but it shows the variety of common substances that can be harmful to children. Most poisonings occur because children swallow these substances. However, the fumes of some substances, such as glue, dry-cleaning fluids, lighter fluids, gasoline, kerosene, insecticides, and pesticides, are dangerous to children when sniffed. Other substances, such as some poisonous plants, can be dangerous if rubbed on the skin or eaten. Poisonous substances include the following:

- cleaning supplies of all kinds
- drain cleaner

- toilet bowl cleaner
- furniture polish
- room freshener
- substances in aerosol spray cans
- paint supplies
- glue
- pesticides
- insecticides
- rodent killers
- gasoline
- kerosene
- nonprescription drugs, such as aspirin
- prescription drugs
- nail polish and nail polish remover
- lighter fluid (cigarette and charcoal lighter fluids)
- cosmetics
- poisonous plants



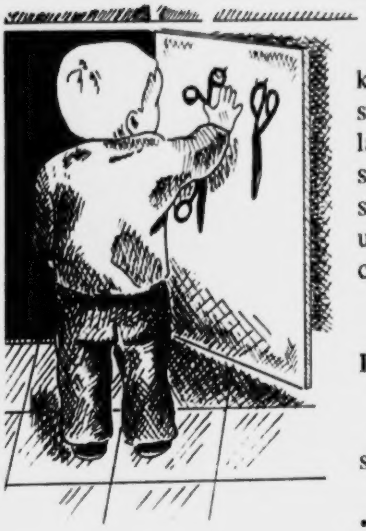
When caregivers discover poisonous substances that are mislabeled or improperly stored, they should immediately correct the hazard and report the situation to a supervisor. Improperly labeled or packaged substances should be safely discarded. Regular trash containers should not be used to discard these substances because children can reach them. Some substances, such as medicines, should be flushed down the toilet. Liquids may be poured down the sink. Volatile substances, such as gasoline and lighter fluids, should be discarded outside in the open air away from the child care center. Some substances can be secured in a plastic bag and placed in a dumpster. Poisonous plants should be removed.

HAZARDS THAT COULD CAUSE CUTS

Hazards in child care settings that could cause cuts include toys and equipment that are broken or need repair, have sharp or pointed edges, or that are not appropriate for the age of the children who use them. Broken glass and other sharp objects, such as sticks, which collect on a sidewalk or playground are also common hazards. It is important to conduct a routine morning check of all equipment and outdoor areas. Glass doors, such as sliding glass doors and glass storm doors, can be serious hazards. People have been seriously injured by walking through clear glass doors. If used in child care settings they should be clearly marked or decorated at children's eye level to prevent accidents.

When choosing toys and equipment, thought should be given to what the items would be like if broken. Items made of easily breakable plastic often result in sharp, jagged edges when broken. Equipment and utensils used for eating can be hazards also. Toys with easily removable parts that could cut or puncture are unsafe. Sandboxes and digging areas should be checked daily for sharp objects. Outdoor items of wood or hard plastic should be checked for splinters.

Safe toys and equipment should only be used with children of the appropriate level of development. For example, large building blocks appropriate for four and five-year-olds might be hazardous to toddlers who trip and fall easily. All scissors used by young children should have rounded, not pointed, blade tips. Activities involving magnifying glasses, mirrors, thermometers, and glass jars should be carefully supervised.



Sharp equipment used by caregivers, such as paper cutters and kitchen knives, should be used and stored in a room not used by children. For extra safety, equipment like paper cutters and meat slicers should also have safety latches which should be secured when the blade is not in use. They should be stored out of children's reach. Adult-sized outdoor lawn equipment, such as shovels, rakes, hoes, and lawnmowers, should not be available to children or used when children are present. They should be safely stored in locked compartments.

HAZARDS RELATED TO FALLS

Hazards related to falls generally come from five main sources. These sources are as follows:

- wet, slippery, or loose floor and ground surfaces
- objects in traffic paths
- heavy objects falling from overhead
- heights
- hard surfaces under playground equipment

All walking surfaces should be kept dry and solid. Children can slip and fall on icy sidewalks, loose sand on concrete, wet floors, slippery floor surfaces, and loose tiles and rugs. Snow and ice should be removed from sidewalks and porches before children arrive and should be kept clear all day. Liquid spills should be wiped up immediately. Oily spills should be wiped immediately with a detergent solution, rinsed, and dried. Bathroom floors should be kept clean and dry. Doorways where children enter with wet or muddy shoes and boots should be covered with entry rugs. Floor surfaces should not be overwaxed. Loose tiles should be repaired. Corners of carpets should be tacked down. Loose area rugs should have non-slip backings or pads.

Traffic paths should be kept free of toys, furniture, and other objects. Clutter causes bumps, bruises, and falls. Children, as well as caregivers, need to be responsible for keeping traffic paths clear.

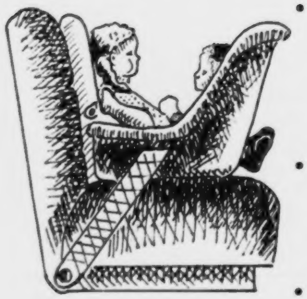
Serious injuries have resulted from heavy objects falling on young children. Heavy objects should not be placed on tables, counters, or shelves within reaching or climbing distance of children. Tall, free-standing file cabinets and full bookcases can also be pulled over by children if not fastened to the floor or a wall. Loose or damaged limbs should be removed from trees in the playground.

Heights that are inappropriate for a child's level of development are common causes of accidents. Climbing equipment, slides, and swings suitable for four and five-year-olds are too high to be safe for toddlers. Any piece of playground equipment that will tilt or collapse during use should be secured in concrete. Equipment that is designed to be free-standing that will tilt or collapse during use is unsafe and should not be used.

The most frequent cause of serious injuries on playgrounds is falling onto hard surfaces, especially asphalt and concrete. Hard surfaces are needed for wheeled toys and for some organized games, such as hopscotch and bouncing ball games. All other areas of the playground should have a soft surface. Grass is appropriate for running and tumbling areas. ***Fall zones*** are areas covered with several inches of soft material, such as sand or shredded bark. Fall zones should be built under slides, swings, merry-go-rounds, and climbing equipment. The area should be checked regularly to see if material needs to be replaced.

TRANSPORTATION HAZARDS

Children in most child care centers arrive in family cars. Some children may be in car pools, with the drivers changing on a rotating basis. Some child care centers will provide transportation services, picking up and returning children to their homes or half-day kindergarten programs. Whatever the travel arrangements, transportation safety is an important concern for child caregivers. Each center should make and follow a plan for the arrival and departure of children. Each center's plan will be different depending on the type of driveway at the center and the entrance to the building. These general rules should be followed for child care transportation safety:



- Children should enter and leave cars from the side of the car closest to the building. If the car must be parked along the street, children should enter and leave from the curb side.
- Each child should have a seat in the vehicle and should remain seated during travel. Head, arms, and legs should never be allowed to extend out of windows. Safety belts or approved child restraint seats should be used in cars and vans (one belt per child) as appropriate for the age and size of the child. Safety belts should also be used in buses, if available.
- The vehicle should not be started until each child is securely seated and the doors are securely closed and locked. If two or more children are being transported in the same vehicle, take a count to make sure that each child is present.
- On arrival, children should remain securely seated until the vehicle comes to a complete stop. During delivery of children, the driver or another adult should get out of the vehicle first and walk with the children to the adult who is to receive them. When children are arriving at the center, parents should walk the children to the center, or an approved caregiver should come to the vehicle and receive the children. Children should not be allowed to enter the building (on arrival) or leave the building (on departure) by themselves.
- When a group of children are waiting for rides at the same time, they should be kept together and supervised by a caregiver. The place should be the same from day to day.

- Do not allow a child to leave the center with anyone who has not been approved by the parent who enrolled the child or with anyone whose name is not recorded in the child's file as being approved to call for the child.
- When the center provides transportation, state licensing requirements must be met. Each vehicle should be in excellent operating condition. It should display a current safety sticker to show that it has been inspected. Every driver must have a valid operator's license to drive the type of vehicle being used. Licensing standards may require that at least one caregiver besides the driver be in the vehicle when children are present. Only assigned caregivers should be responsible for driving children.

OTHER HAZARDS

Besides the hazards already mentioned, look for other possible hazards. Because young children are very curious, no list of hazards should ever be considered complete. Below is a list of additional hazards for which caregivers should look:

- windows and screens that children could open and from which they could fall or climb out
- cables, chains, or moving parts of equipment that could pinch
- loose steps or railings
- hard surfaces at the foot of stairs
- poor lighting for stairways, halls, and other areas
- exposed nails, screws, or sharp edges
- loose bolts or parts in need of repair
- unlatched gates
- grass, trees, or shrubbery that could trap or hurt children
- low hanging or jutting objects at children's eye level
- rotting, splitting, or termite infested boards
- rusty metals
- peeling paint
- cracking or bulging of walls or ceilings
- loose or buckling carpet
- unlocked entrances to storage rooms, attic, or cellar
- splintered surfaces that need sanding or refinishing
- small items that children could put in the ears or nose
- stray animals
- improper use or storage of tools or equipment in a building area
- unsafe items that children bring from home

Safety in Group Play

Child care safety involves safety in group play as well as safety in the physical environment. Group play involves continuous supervision by caregivers and skills in promoting safety among children.

Caregivers must be constantly alert in order to supervise children. Caregivers should locate themselves so all children are watched. For example, caregivers should spread out around the playground to be near groups of children. One caregiver may be located near the slide and one near the tricycle path. By using this system, caregivers can quickly see possible safety hazards and correct them before someone gets hurt. Caregivers cannot observe and supervise well if they stand or sit together and talk.

If caregivers see unsafe behavior in children, they should briefly tell the children in simple terms why the behavior is unsafe. If the caregiver follows this explanation by showing children an example of safe behavior, learning is enforced. For example, a caregiver could show how to walk around a swing in use, or help children use words instead of fists to express feelings. Caregivers should also realize that children forget easily and may need to be reminded about safety.

SAFETY EDUCATION

More than anything else, parents expect their children to be safe while in child care. Child care safety begins with safe physical surroundings and continues with careful supervision and safe interactions. The surroundings and the interactions that occur there should encourage the physical, social, emotional, and mental/intellectual development of children. Part of children's development involves learning to be responsible for their own safety and for the safety of those around them.

As with hygiene practices, the safety practices that young children learn and use at an early age will often be the ones they will follow as adults. Child caregivers should help children with decisions and behavior which keep their surroundings safe.

In order to plan and maintain a safe environment, caregivers need to know which activities are typical of children at different ages. This information is also needed for teaching children safety practices. Table 8.1 should assist child caregivers in these tasks.

SAFETY FOR CHILDREN AT DIFFERENT LEVELS OF DEVELOPMENT

Table 8.1 gives developmental characteristics and safety guidelines for children from infancy to five years of age. These suggestions can be applied in all levels of child care.

INFANTS Birth to 6 months Developmental Characteristics	Guidelines
Babies change positions often. They move from side to side, wiggle, and turn to gradually move around in their cribs.	Choose cribs which are designed to protect the baby from lodging his/her head, legs, or arms on any part of the crib. Mattresses should be firm and properly fitted. Crib bars should be spaced so that the baby's head will not fit through the bars. Pads fitted around the inside edge of the crib protect the infant's head and keep it from slipping through the bars.
Babies like to suck on things such as toys and crib slats.	Make sure that lead-free and non-toxic paints and finishes are used on furniture, equipment, and toys for infants. Keep small objects that a baby could swallow or fit completely into his/her mouth out of reach.
Babies are helpless in water.	Supervise infants at all times during bath-time, regardless of interruptions.
INFANTS 6 to 18 months **Developmental Characteristics**	**Guidelines**
Everything that a baby can see is exciting and interesting to him/her.	Give babies freedom in protected areas that are supervised closely by an adult. Gates placed at doorways and stairs help prevent babies from wandering or falling into unsafe places.
Babies use their index fingers to explore things and find out about them.	Tape or neutralize unused light sockets and electrical outlets. Place breakable items out of reach. Lock drawers and cabinets that contain hazardous items.
Babies like the challenge of exploring objects that are above their eye-level.	Lift the infant to satisfy his/her own curiosity about objects above eye-level.

Table 8.1

TODDLERS

18 months to 3 years

Developmental Characteristics	Guidelines
Toddlers can turn doorknobs and open cabinets and storage areas. They can easily find their way into closets and pantries.	Store items such as paint, turpentine, cleaning fluids, paint thinner, and all drugs and medicines in upper cabinets and on upper shelves out of reach of children. Inexpensive attachments are available which prevent most toddlers from opening drawers, doors, and cabinets. Lock doors that lead to dangerous areas (such as second story landings, construction sites, and traffic) to keep children from dashing through unexpectedly and getting hurt. Remove or lock the doors of old refrigerators, closets, and cabinets that are large enough for small children to crawl into.
Toddlers like to experiment. They like to take things apart and put them back together.	Let toddlers play with pots and pans, blunt scissors, empty cardboard boxes, and large spoons which can be handled safely. Keep sharp pointed scissors, knives, forks, heavy tools, and electrical appliances out of reach.
Toddlers use climbing as a major activity, but they cannot judge the safety of heights. They have difficulty sitting still and can move quickly.	Lock windows or put screens and window guards on to prevent children from falling out. In a moving vehicle, such as a car or a bus, lock and secure all doors to prevent toddlers from opening them. Use safety belts to keep toddlers seated. Some states have laws regarding the use of child restraint seats and seat belts for children of different ages. Follow state laws carefully when transporting children. Close adult supervision and quiet activities are needed to help keep children still when in a moving vehicle.
Toddlers enjoy playing in water.	Areas such a ponds, pools, and water basins should either be fenced, covered, or empty when not in use. Teach toddlers to respect water and its depth. Adult supervision is vital.

Table 8.1 - Continued

PRESCHOOLERS 3 to 4 years Developmental Characteristics	Guidelines
Preschoolers can understand simple verbal directions. They can also understand the reasons for safety rules. An example of a safety rule for preschoolers is keeping toys out of walking areas so that others do not trip over them. Preschoolers get excited easily and sometimes forget safety rules.	Be patient with preschoolers. Remind them about directions and safety rules. Preschoolers will not resent being reminded many times.
Longer attention spans allow preschoolers to do interesting manual tasks for 10 to 20 minutes. By age four, many preschoolers enjoy building simple objects using tools.	When preschoolers practice fine motor skills, such as cutting, gluing, and coloring, supervise closely. Focus on good safety habits through examples and explanations.
Preschoolers like to be helpers and group members. They enjoy doing simple, helpful tasks.	Encourage preschoolers to help with tasks. Be patient with them. Spills and other accidents occur since eye-hand coordination is not well developed. Avoid allowing preschoolers to carry glass containers and sharp or heavy objects.
Preschoolers enjoy running and doing activities with the whole body. They begin to show more self-control. By age four, preschoolers have the ability to move in large areas of space quickly.	Keep heavy traffic areas free of objects or floor coverings that children can trip over easily while running or playing. Supervise in play areas where running and other forms of play occur.
Preschoolers are often in a hurry. They hurry up and down stairs, in and out of doorways, and through halls.	Encourage children to use hand rails on stairs. Caution children about hurrying while indoors.
Since preschoolers have increased motor skills, they enjoy riding toys with wheels.	Preschoolers are old enough to understand where to ride their toys and where not to ride their toys. If they forget, remind them and explain the reason for riding only in certain areas. Reinforce safety rules.
Preschoolers like to play with each other. They tumble and climb together, and they push and pull each other. They also like to share large riding toys.	Large toys should be large enough to hold the weight of at least two children. Supervise children when they are playing together.

Table 8.1 - Continued

Preschoolers like to climb.	Protect preschoolers from falls. Teach them how to get proper footing and handholds while climbing. Set limits on how high children may climb in a tree. Supervise children carefully during any climbing activity. Their clothes should allow them to move easily. Shoes should be safe for running and climbing.
Preschoolers can throw and catch balls with increased coordination.	Supervise children to protect them from running into the street or unsafe areas to get balls and other objects that are thrown.
KINDERGARTENERS 5 years	
Developmental Characteristics	**Guidelines**
Five-year-olds are more independent and look for ways to entertain themselves. They enjoy being with others, but they also like to do individual activities. As attention spans increase, they can enjoy some activities for half an hour or more.	Avoid restricting their independence, but watch them carefully to protect them from danger. Allow five-year-olds to do activities on their own.
Motor skills and coordination improve. Eye-to-hand activities, such as pegs in slots, hammering, and puzzles, are enjoyed.	Supervise table games and activities. Provide guidance in teaching respect for safety rules, work habits, and routines.
Five-year-olds still like to test and experiment with their senses. They have greater success in exploring the world around them.	Help children learn about the dangers and the hazards of the world. Since swings, shelves, windows, and other items are tested by 5-year-olds, carefully supervise and remind them about rules.

Adapted from: Draper, Mary Wanda and Henry E. *Caring for Children*. Peoria, IL: Chas. A. Bennett Company, 1979, pp. 173-177.

Table 8.1 - Continued

Points To Remember

- Various groups which influence safety regulations in child care centers include governmental agencies, funding agencies, insurance companies, and the legal profession.

- Child caregivers are responsible for keeping a safe environment by following safety rules, observing the safety of indoor and outdoor environments, and providing safety education for children.

- A safe indoor environment includes uncrowded room arrangements, clear traffic paths, and child-sized furnishings.

- A safe outdoor environment includes using several interesting play areas to prevent crowding, separating activities which do not work well together, and providing safe playground equipment which is appropriate for the ages of the children using it.

- Indoor and outdoor physical environments should be regularly inspected by various methods which may include inspections of each area by an assigned teacher or caregiver at the beginning of each day and unannounced safety check tours done by a team of caregivers at regular times.

- Caregiver safety inspectors should kneel to look for hazards from a child's point of view. The child care environment should be examined for hazards that could cause burns, fire, electrical shock, suffocation, drowning, poisoning, cuts, falls, and transportation accidents.

- Patient, adequate supervision by caregivers is necessary to promote safe outdoor play. Caregivers should be located so that children can be seen at all times. Caregivers should also demonstrate safe practices and remain constantly alert to stop unsafe behavior.

- Child care safety begins with a safe physical environment and is continued with careful supervision and safe group play.

- Child care centers are responsible for regular inspections of fire and smoke alarm systems, fire extinguishers, and posted fire exit maps.

Words To Know

combustible materials
drown
entrapment
fall zones
flammable materials
poison
spontaneously combustible materials
suffocate

Questions For Review

1. List the various agencies or groups which influence safety regulations in child care facilities.

2. Child care licensing agencies will not consider a license unless certain state and local safety codes are met. List the three most important safety codes.

3. List procedures to help develop safety inside the child care setting. How will these procedures help?

4. List procedures to develop safety in the outdoor child care environment. How will these procedures help?

5. What hazards should caregiver inspectors look for when inspecting from children's eye level?

6. What safety rules should be followed to prevent children from being burned?

7. List seven safety procedures to prevent electrical shock.

8. List six fire hazards and explain what should be done to correct them if found in a child care center.

9. Name four common suffocation hazards for children.

10. What hazards should a caregiver look for to prevent drowning, poisoning, cuts, and falls?

11. List six child care transportation safety rules.

12. Caregivers should constantly watch for all types of safety hazards. List five safety hazards (besides fire hazards) common to child care settings and the procedures a caregiver should follow to correct the hazards.

13. Review table 8.1 and identify two safety precautions caregivers should take to prevent harm to children in each age group (infants, toddlers, preschoolers, and kindergarteners).

14. Explain the importance of safe group play for children.

9 Chapter Nine
Handling Emergencies

ESSENTIAL ELEMENTS

- Apply principles for maintaining a safe and healthy environment.(f3C)
- Apply procedures and policies in a child care setting.(f4A)
- Relate personal characteristics to the appropriate career(s) addressed within each home economics course.(a7A)

OBJECTIVES TO ACHIEVE

- Explain the importance of following established center policies and procedures for handling emergencies.
- Describe appropriate procedures to follow in case of fire.
- Describe procedures for selecting and using a fire extinguisher.
- Summarize procedures to follow for various weather related emergencies.
- Outline steps to follow when evacuation of the child care center is necessary.
- Outline general procedures to follow in medical emergencies.
- Explain how to stock a first-aid kit and use first-aid techniques for various life-threatening emergencies that could occur in child care settings.
- Explain procedures for accurate reporting of child care emergencies.

Importance of Emergency Procedures

Child caregiver health and safety training should include what to do in case of emergencies. As a first step, most states now require first-aid training certification before a person is employed as a child caregiver. Center directors should then provide further training which stresses how to use first-aid techniques with small children. Directors should also provide written center policies and procedures for handling emergencies. These should be reinforced through staff training and practice sessions.

When working with young children, legal liability concerns cannot be overlooked. As discussed in Chapter Three, child care centers and/or individual caregivers can be held legally liable if a child is injured due to caregiver neglect or wrong action. Once an emergency occurs, regardless of its cause, centers and/or caregivers may also be held liable if the emergency is not recognized and acted upon immediately or if emergency action taken causes further harm.

It is best for the center, the employees, and the children to have and follow strict emergency policies. The children enrolled in the center are safer because of the use of such policies. Following emergency procedures protects the center and its employees from possible legal actions which could result from carelessness. Caregivers must know what to do in case of fire, severe weather, or a medical emergency.

FIRE

A fire in a child care facility could result in tragedy. For this reason, fire emergency procedures should be approved by the local fire department and strictly followed. Child caregivers need to know how to report a fire, move children to safety, and ***extinguish*** (put out) a small fire. An escape route diagram should be posted by the door in each room.

Reporting a Fire

As a caregiver, never try to handle a fire emergency alone. The first step is to get help by notifying another caregiver. Getting help is important because it warns other caregivers of the fire and it brings more people to help handle the emergency.

While caregivers begin moving the children to safety, a staff member should be assigned to call the fire department. One or more caregivers may be assigned to take steps to keep the fire from spreading. All caregivers must act quickly, but they must act in a calm and reassuring manner to avoid panic. Getting the children safely out of the building is top priority.

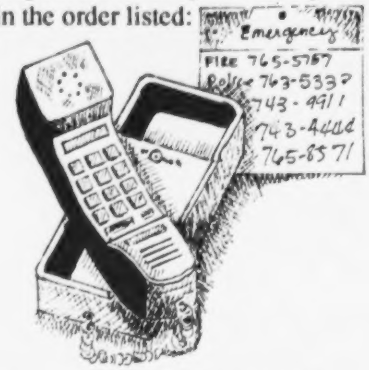
The emergency policies and procedures of the center should be followed. In a child care setting, call the fire department immediately. Treat any fire seriously that cannot be put out in seconds. A minute's delay could make the difference between minor injuries and death. If a smoke alarm sounds, respond to it as if it were a fire.

Fires may be reported by turning on the alarm in a fire alarm box or by using the telephone. Red fire alarm boxes may be located inside or outside buildings.

If fire alarm boxes are used in your community, know the location of the nearest one and how to use it. The fire department should also be called if there is an explosion, toxic fumes, or other chemical release emergencies.

The fire department's telephone number should be clearly posted beside each telephone. It is also given inside the cover of the telephone book. If you cannot find the number, dial the local operator who will either connect you with the fire department or take the information and report the fire for you. When you report a fire, give the following information in the order listed:

- the address of the child care center
- the type of fire
- the location of the fire in the building
- the size of the fire
- the name of the child care center
- your name



Moving to Safety

All child care centers must have a plan for evacuating the building within three minutes in case of fire or other emergency. This plan should be approved by the local fire department. Fire drills should be held regularly, at least every three months. If possible, the planned exit route should not require walking through the kitchen since flammable items and equipment are stored there.

All exits should be clearly marked, unlocked, and free from equipment or clutter. A clear diagram of the evacuation route should be posted by each exit in each room. The diagram should show how to leave the building from that room. Alternate evacuation routes should also be planned and posted in case an exit is blocked by the fire.

All child care employees, including housekeepers, food service workers, and caregivers, should be familiar with the evacuation plan. They should also know their roles in carrying out the plan. Each lead teacher will have the main responsibility for evacuating the children in his or her care. If for some reason the lead teacher is absent or unable to assist, the substitute caregiver should know what to do. Other employees may be assigned to help carry infants from the building or to help keep the fire from spreading.

In evacuating the building, do not take chances by trying to save personal belongings. The first priority during a fire is to save lives. Only fire department personnel should re-enter the building. Caregivers should watch for children in their care who might try to return to a burning building to get a personal item.

When evacuating children from the building, the following procedures should be observed:

- Know the signal or bell used to warn of a fire emergency.
- Have children stop what they are doing and gather quickly near the teacher.

Teacher assistants should look for children in the bathroom and in other places where they might not be easily seen.

- Remind children of the importance of staying together as a group near the teacher.
- Count the children quickly before leaving the room and again outside.
- Do any tasks assigned to you before leaving the building. One staff member's assignment will be to pick up the day's class roll and the emergency file containing parents' names and telephone numbers.
- Lead the children to their assigned place outside at least 200 yards away from the building. Keep the children in a group and watch them constantly. Keep an accurate count of the children. Comfort the children in a calm and reassuring manner. Protect children from the weather as best you can without exposing them to further danger.
- Do not release any child or any group of children to a stranger.
- After the emergency is over, do not re-enter the building until clearance is given by the fire department and the center director.
- If relocation is necessary, follow the center's plan for relocation. Wait for instructions from the center director before beginning relocation procedures.

Responding to a Fire

In order to burn, a fire must have three ingredients: Oxygen + Fuel + Heat = Fire. Many materials can become fuel for a fire. These include paper, rags, food, flammable liquids (such as cleaning fluid or grease), wood, furniture, and plastics.

If the fire is small, such as in a trash can or a pan, you may be able to put it out without danger. Putting out a small fire may be the best way to protect the children as another employee is notified about the fire. To put out a fire, you must remove one of its three ingredients. Some ways of doing this include the following:

- **Remove the oxygen.**
  - If the fire is in a trash can or a pan, put the lid on it or pour baking soda on it. The fire will quickly use its remaining oxygen and die.
  - Smother the fire with a fire blanket.
  - Use a fire extinguisher which is the correct type for the fire.
  - Drown the fire with water. Use water on paper, wood, wood shavings, and cloth. Never use water on grease, cooking oil, or electrical fires.
- **Remove the fuel.**
  - Turn off the breaker switch to stop fueling an electrical fire.
  - Turn off the gas.
  - Remove nearby flammable materials.
- **Remove the heat.**
  - Cool the fire with water (except for grease and electrical fires).
  - Turn off the burner or heating element under a pan on the stove.

When you choose to extinguish or contain a small fire, be careful. Keep an escape route open so you can get out if the fire gets bigger. Do not reach over the fire to get baking soda or the fire extinguisher because you could get burned or catch your clothing on fire. In most cases, it is best to avoid fighting a fire yourself. Follow correct procedures for getting help from other caregivers and the fire department.

Using a Fire Extinguisher

A ***fire extinguisher*** is a portable container which holds water or chemicals for use in putting out a fire. It is designed to extinguish only a small fire. The higher the number rating on the extinguisher, the more fire it puts out. Numbers range from 1 to 240. High-rated extinguishers are often (not always) the heavier models.

Before a fire occurs, child care employees should know where fire extinguishers are located, for what type fire each extinguisher is suitable, and how to use each type. If this information is not known, however, a general rule is to use the fire extinguisher closest to the fire and follow the directions on the extinguisher. If properly located, the fire extinguisher closest to the fire is the most suitable for putting out the type of fire expected to occur in that area. For example, extinguishers suitable for putting out grease fires should be located in the kitchen near the stove; extinguishers suitable for putting out rubbish fires should be located where trash is collected. Small child care facilities may only have one multipurpose extinguisher. Caregivers should know its intended uses.

Fire extinguishers should be labeled for the class of fire for which they are to be used. The three types of fire are as follows:

- **Class A** – wood, paper, rubbish
- **Class B** – gas, grease, other liquid
- **Class C** – live electrical equipment

Traditionally, the labels, A, B, or C have been used alone to identify fire extinguishers. Recently pictograms have come into use. The user may find the A, B, C labels or both the pictograms and the A, B, C labels on an extinguisher. Figure 9.1 shows the label and pictograms for each type of fire extinguisher.

Using the wrong type of fire extinguisher on a fire may make the fire worse. Common errors are using water (A) on a grease or electrical fire (B or C). A multipurpose dry chemical extinguisher labeled ABC puts out most types of fires. A large kitchen may be equipped with a combination BC extinguisher.

To remember how to use a fire extinguisher, think of the word "PASS" and follow these general directions, being sure children are a safe distance away.

1. **PULL** the pin. Some units require the releasing of a lock latch, pressing a puncture lever, or other motion.
2. **AIM** the extinguisher nozzle (horn or hose) at the base (bottom) of the fire.

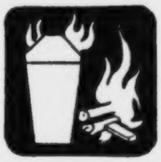
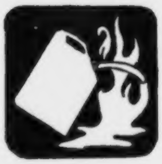
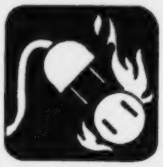
LABEL	PICTOGRAM	TYPE OF FIRE
A		**Ordinary Combustibles** Fires in paper, cloth, wood, rubber, and many plastics require a water type extinguisher labled A.
B		**Flammable Liquids** Fires in oils, gasoline, some paints, lacquers, grease in a frying pan or in the oven, solvents and other flammable liquids require an extinguisher labeled B.
C		**Electrical Equipment** Fires in wiring, fuse boxes, energized electrical equipment and other electrical sources require an extinguisher labeled C.

Figure 9.1

3. **SQUEEZE** or press the handle.

4. **SWEEP** from side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for reflash of the fire and reactivate the extinguisher, if possible. Some fire extinguishers are not designed for reactivation.

Chemical and water extinguishers are used differently. Read the instructions on an extinguisher before you use it. Always have an extinguisher checked and serviced by a professional after each use.

Some large child care centers may have an automatic system for fire extinguishing to prevent a major fire disaster. Automatic systems are checked regularly by the local fire marshall. In general, child care employees have no responsibilities for turning these systems on or off or for maintaining them.

WEATHER OR DISASTER EMERGENCIES

Child care centers should plan for weather-related emergencies and other disasters as part of their overall safety program. Center directors should identify the weather emergencies most likely to happen in the area and make plans for dealing with each. Weather-related emergencies likely to affect child care centers include thunderstorms, lightning, tornados, hurricanes, blizzards, and earthquakes. Children should be reminded that teachers will stay with them during any disaster until their parents come for them. They should be cautioned to stay with the teacher and not to run away. Plans should also be made for children in case of toxic leak or spill disasters.

Parents should be assured that children will be cared for by the teachers according to the emergency plans for the center. Emergency plans should be clearly communicated (verbally and in writing) to the parent when the child is enrolled.

Weather Alerts

For any type of severe weather, it is important for the center director to stay aware of what is happening. The most common sources of information are news and weather reports on local radio and television stations. A National Weather Service weather radio can be purchased to provide 24-hour weather reports, weather watches, and warnings.

An attention alert signal is used in some communities to alert the public to fire or storms. An ***attention alert signal*** is a three to five second, steady, high-pitched tone. It means that action is required. Learn how such signals are used in your community. Knowing the signal's local meaning will help caregivers respond correctly. In many places, the signal means that you should tune to a local TV or radio station broadcast for information. In a large child care center, teachers will probably depend on the center director to notify them of important weather information. Caregivers should assume that all automatic signals are real alarms and not notification of "drills."

Relocation Plans

Some emergencies, such as an impending tornado, hurricane, or flood, may require that children be taken from the building to a safer location. Toxic leaks and spills may also force relocation. Relocation plans should be carefully made with local safety authorities before emergencies. All caregivers should understand the plans and be aware of action to take. Relocation plans should also be clearly communicated to parents. For some emergencies, the relocation site may be a different location in the same building.

An important part of any relocation plan is for caregivers to take emergency files with them. The files should contain the names, addresses, and telephone numbers of parents and other people who can be contacted regarding each child.

During most weather emergencies, the children will be kept at the child care center. Special precautions must be taken for each type of emergency.

Thunderstorms and Lightning

Thunderstorms and lightning usually frighten children. Caregivers should calm children by remaining calm themselves. A simple explanation of what is happening will help reassure children.

During severe storms, the dangers include high winds, hail, and lightning. Children should never be allowed outside when these conditions exist. Children should also be kept away from windows and metal equipment.

Tornados

Tornados are threats in many parts of the country. They may or may not be accompanied by rain. Some warning is usually given, but tornados may also strike suddenly. All child care employees should know the center's procedures for responding to a tornado.

The National Weather Service issues two types of reports on tornados. A ***tornado watch*** means conditions are such that tornados could develop. During a tornado watch, child care activities should continue as usual, with the center director staying alert for further information on radio and television. Teachers should be told quietly of the watch. They should be ready for evacuation or relocation, if necessary.

A ***tornado warning*** means a tornado has been visually sighted or detected by weather radar. Persons close to the storm should take cover immediately. If time permits, children may be evacuated to a nearby basement, cellar, or reinforced concrete building. It is usually best if the children are moved to the basement of the building they are in or into an interior hallway on the first floor. Whatever the plan, children should be kept away from windows. Caregivers should speak calmly as they instruct and comfort children. As with fire emergencies, an accurate count of the children should be kept at all times. Children need to be kept close to caregivers whom they know well.

Hurricanes

Hurricanes occur in coastal areas. Often entire cities will be given evacuation alerts. In most cases, warning is given in time for parents to pick up their children before the hurricane strikes. However, each child care program should have emergency plans in case a hurricane strikes suddenly or is more severe than predicted. The plans should include specific actions to be taken for evacuation or for protection within the building. These plans should be clearly communicated to parents prior to the emergency. Evacuation for a hurricane might require moving to a location several miles away. Parents should be told where children will be taken if a hurricane occurs.

Blizzards

Snow blizzards are most common in the northern part of the United States. They can occur without warning throughout most of the country. Areas in which blizzards are least expected are usually least prepared to deal with the emergency.

Traffic may come to a halt during a blizzard. Some parents may not be able to reach the child care center to pick up their children. Child care centers need to be prepared to keep children overnight, if necessary. Adequate food and warmth become the two greatest physical needs. Centers can prepare for these needs by keeping emergency food and blanket supplies. If the heat goes off, children should be grouped close together to take advantage of combined body heat. Caregivers should not try to move the children to a new location during a blizzard unless local safety authorities advise to do so and assist with the relocation.

Earthquakes

Earthquakes usually occur without warning and last only a few minutes. The greatest danger is from falling objects. Parts of buildings may also crack and/or crumble. Children should be moved quickly to parts of the building that have the most structural support. The safest places are usually interior doorways, hallways, closets, bathrooms, and under sturdy tables. Aftershocks are common. For this reason, children should be kept close to the most secure parts of the building after the major shock is over.

Earthquakes can be very frightening experiences. Caregivers must remain calm and reassuring in order to calm children.

Interruptions in Utility Services

One common problem caused by both fire and severe weather is an interruption in utility services. Utility failure may occur as the result of other causes as well. Usually the interruption in utility services is only an inconvenience. However, in some instances it may be dangerous. For example, a broken gas main creates a sudden and serious emergency requiring evacuation. Candles should not be lighted in this situation. If absolutely no gas leak exists during a power failure, candles and kerosene lamps, in addition to flashlights, may be used to provide lighting. Caregivers should place flame burning lights out of the reach of children and away from flammable materials.

A diagram of the child care center with the location of the safety controls is helpful in times of emergency. All caregivers should know the locations of the following safety control devices and how to shut them off:

- gas main shutoff valve
- water main shutoff valve

- electric current circuit breaker
- heating unit shutoff switch

MEDICAL EMERGENCIES

When children have accidents or symptoms of illness they should receive immediate care. They should not be left alone. If possible, a familiar caregiver should stay with the child until the child can return to the classroom or until the parent arrives.

When a child becomes ill or is injured, a caregiver should notify the supervisor or a responsible staff person at once. While one caregiver stays with the sick or injured child, the center director or an assigned caregiver should call a doctor, an ambulance, and/or the parent. Caregivers should work as a team according to the policies and procedures of the center.

In addition to accidents, emergency situations can arise with children who have chronic health problems. Caregivers need to be informed about illnesses such as diabetes, allergies, and heart conditions. Prevention methods, such as special diets or regular rest periods, are very important for these children. Learn about the symptoms of an attack of the illness and the type of attention which is required.

If the decision is made to rush a child to the emergency room or to the doctor's office, call the doctor and notify the parent of the plan of action. Ask the parent to meet the caregiver at the emergency facility. The emergency medical authorization given to the center by the parent should be taken to the hospital or doctor's office by the caregiver. Tell the doctor all of the child's symptoms and the circumstances of the illness or accident. It is very important that the parent arrives quickly because many doctors and hospitals will not begin treatment of a minor (except in life threatening situations) without the parent being there. If time is not crucial to the child's life or recovery, call the parent first. The parent is responsible for transporting the child and for medical care given.

Using First Aid

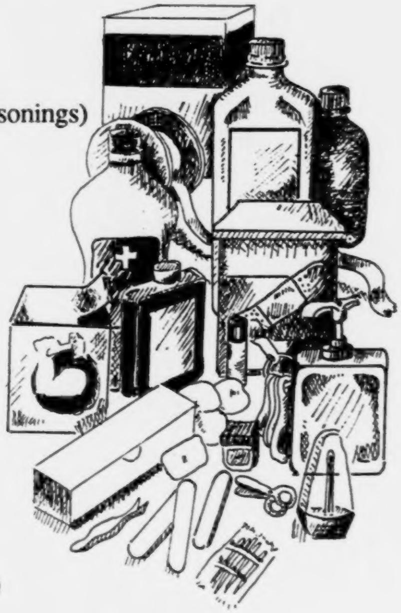
According to the American Red Cross, ***first aid*** is "the immediate and temporary care given to a person who has been injured or who has suddenly become ill." Caregivers should complete basic first-aid training before beginning child care employment. Only first aid used for life threatening injuries common to children is discussed in this book. In order to save lives and prevent further injury, a person using first aid must prevent severe blood loss, maintain breathing, and prevent shock.

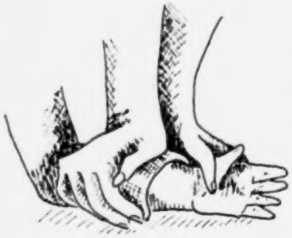
After initial first aid is given and it is found that the sick or injured child can be safely moved, the child may be taken to an emergency room in the child care center. This room should contain the items listed on the following page.

- a comfortable place for the child to lie down
- first-aid supplies
- a blanket to cover the child
- posted charts regarding first-aid treatment, such as how to handle suspected poisonings, unconsciousness, disease symptoms, etc.
- emergency telephone numbers for ambulance, police, fire department, and poison control center
- an emergency file for each child containing names and telephone numbers of the child's doctor, hospital, parent(s), and other people the center staff is authorized to call in an emergency

First-aid supplies that should be kept on hand in a child care center are similar to those in a child's home. The center should not keep supplies and equipment that the staff is not trained or authorized to use. First-aid supplies should include the items listed below.

- absorbent cotton
- assorted bandages
- sterile gauze bandages and pads (assorted sizes)
- adhesive tape (1/2 to 1 inch wide)
- bandage scissors
- tweezers
- sterilized needles (to remove splinters)
- thermometers (oral and rectal)
- syrup of ipecac (to induce vomiting)
- activated charcoal (to absorb poison)
- epsom salts (a strong laxative for use with poisonings)
- aromatic ammonia (for fainting)
- calamine lotion (for insect bites)
- rubbing alcohol
- baking soda
- hydrogen peroxide
- petroleum jelly
- tongue depressors
- splints
- measuring spoons
- safety pins
- paper or plastic drinking cups
- wash cloths
- towels
- sink or basin
- sanitary napkins (for dressing serious wounds)
- blankets
- liquid soap
- stretcher
- flashlight
- first aid book
- water

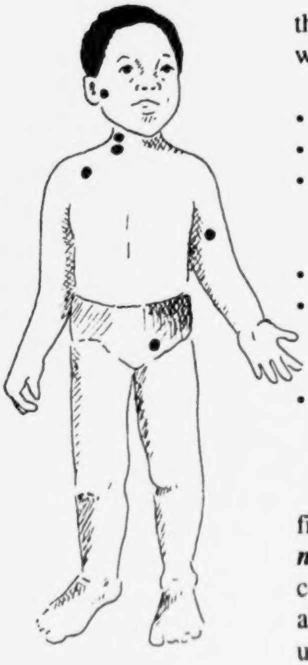




Severe Blood Loss

Severe bleeding must be stopped immediately. A doctor or emergency medical team should be called. Shock and loss of consciousness may occur quickly in a child. First aid for severe bleeding is to apply direct pressure firmly to the wound with a clean dressing held in place by the hand of an adult. This method prevents blood loss without interfering with normal blood circulation.

It is best if the dressing is a thick pad of sterile gauze, a sanitary napkin, a portion of a clean disposable diaper, or a folded clean cloth. If these are not available, choose the cleanest absorbent material available. Avoid absorbent cotton matting because loose fibers will remain in the wound. The purpose of the dressing is to absorb the blood and permit blood clotting. If necessary, pressure may be applied with the bare hands until a dressing is obtained. Once the dressing is in place, it should not be removed until the bleeding stops. More dressings may need to be added on top of the original one to absorb the blood before it begins to clot.



If possible, raise the injured area above the level of the victim's heart to slow the blood flow to the wound. If bleeding continues, apply direct pressure to the wound while applying pressure against ***pressure points*** as follows:

- **Scalp** – Press your thumb against the bone just in front of the child's ear.
- **Face** – Press your fingers against the hollow spot in the jaw.
- **Neck** – Place the thumb against the back of the child's neck. Put your fingers on the side of the neck just before (not over) the windpipe, and press toward your thumb.
- **Chest or armpit** – Press thumb in the groove behind child's collarbone.
- **Arm** – Place your fingers on the inner side of the arm, pressing in the groove between the muscles. Keeping your thumb on the outside of the arm, press toward the bone.
- **Leg** – Place the heel of your hand on the inner thigh at the crease of the groin. Press against the bone.

Before using the above methods, caregivers should complete training in a first-aid course to understand correct procedures to be used. Only use a ***tourniquet*** in cases of massive ***hemorrhaging*** (such as with a severed limb) which cannot be controlled using other methods. The decision to apply a tourniquet is a decision to risk loss of an arm or leg in order to save a life. If a tourniquet is used, the care of a doctor is needed immediately.

Maintaining Breathing

Immediate action should be taken by the closest caregiver if a child stops breathing. Permanent brain damage (followed by death) can result if breathing does not begin between four to six minutes after the heartbeat has stopped. Breathing can stop for any of the reasons listed on the following page.

- obstruction in the air passage
- swelling due to damage of the air passage following the swallowing of a corrosive substance (such as lye)
- acute asthma attack
- lack of oxygen in the air (as in gas poisoning or being locked in an enclosed space such as an abandoned refrigerator)
- suffocation due to a plastic bag or other materials blocking the mouth and nostrils
- electrical shock
- poisoning
- drowning

A child who has stopped breathing may be unconscious with no breathing movements of the chest or stomach. The child's lips will likely be blue and the pupils will be dilated.

In Texas, a caregiver trained in ***CPR (cardiopulmonary resuscitation)*** must be on duty at all times. First aid to restore breathing includes the following steps:

- Begin first aid immediately. Have someone else call for a doctor or ambulance as you give first aid.
- Check for blockage of the air passage. Use first-aid methods appropriate for the age of the child to unblock air passages. These methods may include back blows and abdominal thrusts.
- Apply ***artificial respiration***, using a method appropriate for the age of the child (mouth to mouth or mouth to mouth/nose respiration).
- Continue artificial respiration, including during transportation to the emergency room, until breathing begins or the task is taken over by medical personnel.
- Treat the victim for shock.
- Get medical care, even if breathing has been restored.

Poisoning by Mouth

As with other emergencies, quick and correct action is necessary when a child has swallowed a poison. It is important to dilute the poison or remove the poison from the body before the body absorbs it. The steps to take are as follows:

- If possible, identify the poison.
- Give first aid appropriate for that poison. Sources of information include the following:
  - the label on the original container
  - the poison control center hotline
  - the poison first-aid chart posted in the child care center
  - a hospital emergency room
- Treat the child for shock
- Rush the child to the hospital or call for emergency medical services. Take the original poison container, if available, and a sample of any vomited material with you, if the child has vomited. These can help the doctor with diagnosis and treatment.

If in doubt about the poison swallowed, try to determine if the poison was caustic or non-caustic. Remember that the child could have swallowed something at home before coming to the child care center. With this much time delay, poisons swallowed at home which were undetected by parents are usually non-caustic. Caustic poisons usually cause immediate painful reactions.

Caustic poisons eat away skin and body tissue. They usually cause burns on the lips and in the mouth. Caustic poisons are usually strong acids, alkalis, or petroleum products. Common household products which are caustic include lye products and drain cleaners. When a child swallows a caustic substance, vomiting should not be induced because vomiting will cause more damage to the throat and air passages. Appropriate first aid is to call the doctor, the poison control hotline, and the parents. The child should be rushed to the hospital. Follow directions from the hospital staff for giving something to the child to dilute the poison before leaving for the hospital.

Non-caustic poisons include aspirin, sleeping pills, drugs of any kind, cough syrup, ink, paint, and a variety of other substances. Again, the child's doctor and the child's parent should be called. Vomiting will greatly reduce the absorption of non-caustic poisons into the bloodstream. To induce vomiting, the child should drink several glasses of salty or soapy lukewarm water or warm milk. If the child does not vomit, touch the back of the inside of the throat with a clean spoon, or slip a clean finger down the back of the throat. Doctors usually recommend the use of a "universal poison antidote" such as syrup of ipecac to help stop the work of the poison before it is absorbed. (Texas licensing standards require that syrup of ipecac be in the first-aid supplies at the child care center.) Whatever the first-aid treatment, the child should be treated for shock and taken to the doctor.

Shock

Shock is a serious condition that follows injury or sudden illness; it can be fatal. ***Shock*** results from a depression of vital body functions. It is a sign that the body is overstressed. In all cases of shock, the blood flow to vital organs is reduced. The child will probably not be able to breath well. Every victim of injury or illness should be treated for shock, even if symptoms of shock do not appear. The symptoms are as follows:

- pale or bluish skin
- cold, moist skin
- weak, rapid pulse
- shallow or deep breathing
- weakness, dizziness, anxiousness, or restlessness of the victim

First aid for the treatment and prevention of shock includes the following steps:

- Keep the child lying flat on the back. In case of nausea or unconsciousness, turn the head to one side. Raise the feet 8 to 12 inches unless doing so might

further harm an injury. If the child has trouble with breathing, raise the head and shoulders slightly, unless other injuries might make this action unwise.
- Place a blanket appropriate for the climate under and over the child to prevent chilling. The purpose is to retain body heat, but not add to it. Do not apply a heating pad, a hot water bottle, an electric blanket or any other heating device.
- If the child is thirsty, moisten the lips. Do not give fluids if the child is unconscious, is nauseated, has head or abdominal injuries, may require surgery, or if medical help will arrive in less than one hour.
- Get medical help as soon as possible.
- Reassure and encourage the child.

Severe Burns

Severe burns may result from fire, electrical shock, scalding liquids, or touching a hot object. Burns are very dangerous to a child. Because a child's body surface is much less than that of an adult, a small burn may cause serious harm to a child. If ten percent or more of a child's body is burned or if the child has a third degree burn, medical treatment is essential. In a ***third degree burn***, blisters form on the burned area and/or the skin is charred.

If a burn is severe, do not chill the burn or submerge the child in cold water. These are appropriate techniques for minor burns. To do so for severe burns may cause shock. Appropriate first aid is to cover the burned areas with a loose dry sterile dressing to help prevent infection. Do not touch the burned area. Use no ointments or antiseptics. Treat the child for shock and arrange to take the child to a hospital emergency room immediately.

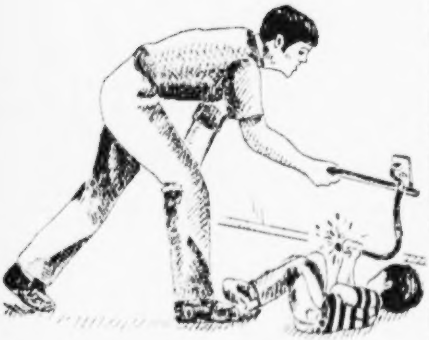
If the child's clothes are on fire, stop the child from running. Roll the child in a blanket, coat, or on the ground to put out the flames. Do not attempt to remove clothing that is attached to burned skin.

Chemical Burns – If a chemical gets in or near a child's eyes, rinse immediately with running water for several minutes. Flush each eye in the direction toward the ear, away from the nose. This will keep the chemical from one eye from being flushed toward the other eye. Bandage the child's eyes after flushing. If a chemical is spilled on a child's skin, remove any clothing that has the chemical on it. Then flush the skin area with running water for several minutes.

Alkaline chemicals, such as drain cleaner and strong cleaning liquids and granules, are common sources of chemical burns. Prompt medical treatment is important for chemical burns, even if they appear to be minor at the time.

Electrical Shock – Contact with an electrical current may cause a burn or unconsciousness. It can also cause breathing or the heartbeat to stop and may result in death. Because of the small size of a child's body, electrical shock that might be minor to an adult can be serious for a child.

Children are likely to come in contact with an electrical current in ways that adults would not. Without supervision, small children might chew on an electrical cord, push a metal object into an electrical outlet, or play with an electrical cord attached to a lamp or appliance which is in use.



To rescue the child, you must break the contact between the child and the source of shock without allowing anyone to touch the child. Any person who touches the child will also receive the electrical shock. If the accident involves an electrical cord, your first step should be to unplug the cord. If this is not possible or if a cord is not involved, turn off the master switch inside the electrical control box for the building. If neither of these are possible, use some material that does not conduct electricity to move the child away from the source of the electrical current. Appropriate materials include a long dry wooden stick or board, rubber, cloth, and rope.

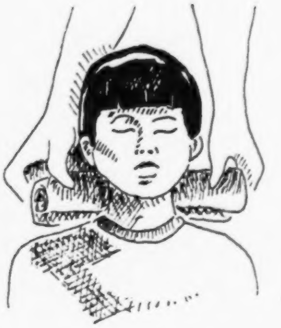
Once the child is free of the electrical current, begin appropriate first aid immediately. If breathing has stopped, give artificial respiration at once. If the heartbeat also has stopped, give cardiopulmonary resuscitation. Treat for burns and shock. Get medical care immediately.

Head, Neck, and Back Injuries

Children take most tumbles, falls, and bumps without injury. However, caregivers should be alert for serious head, neck, and back injuries. These are likely to occur if the child falls from a high place and/or falls on a hard surface such as asphalt or concrete.

Head injuries may show no immediate symptoms except a bump and bruises. However, head injuries may cause bleeding inside the skull. This could cause brain damage and even death. Symptoms which may occur later include headache, dizziness, drowsiness, blurred vision, vomiting, and unconsciousness. Parents should always be notified if the child is hit on the head or hits the head in a fall, regardless of how minor the incident seems at the time.

If a neck or back injury is suspected, do not move the child unless there is danger of explosion, fire, or other life-threatening circumstances. If the child must be moved for these reasons, move the child with caution and follow the procedure learned in first-aid training. Treat for shock and other injuries. Call for an emergency medical team to move the victim to the hospital.



In the case of head, neck, or back injuries, the child should always be ***immobilized***. To immobilize means to hold or fix so that a part of the body cannot move. Immobilize the head in the position found by placing rolled up clothing or blankets around the head and the sides of the neck and shoulders. For back injuries, also immobilize the torso. Since different methods should be used for different types of head injuries, first-aid training will help caregivers to know the proper actions to take.

Reporting and Recording Accidents and Injuries

Report each injury, however minor, to the director, the child's parent, or anyone to whom the child is released. Be sure to report it to the child's caregiver if the caregiver was not present at the time of the injury. Caregivers and other child care employees should record every accident, injury, illness, or sign of illness in the child's health record. This is very important and should be done according to established center policies and procedures. The long-term health of the child may depend on accurate records. Accurate records also protect the child care center and child caregivers from possible legal liability.

Points To Remember

- Child care centers and individual caregivers may be held legally liable for injuries to a child due to caregiver neglect or inappropriate action. They may also be held liable if an emergency is not recognized and acted upon immediately or if emergency action taken causes further harm. The best liability protection is to follow strict center emergency policies and procedures.

- If a fire is discovered, a child caregiver should notify another caregiver, see that the fire department is called, and assist in moving all of the children quickly and quietly to safety. Caregivers should also know how to safely extinguish a small fire.

- ABC fire extinguishers are the most common type. Other fire extinguishers should be selected for use on a specific type of fire. Class A fire extinguishers should be used on wood, paper, or rubbish only. Class B extinguishers can be used on gas, grease, or liquid fires. Class C fire extinguishers can be used on electrical equipment fires. Always check the extinguisher directions for proper use.

- Caregivers should be familiar with severe weather possibilities in the areas where they work. They should be aware of the center's procedures for each type of probable weather emergency, and always remain calm and reassure the children.

- When an emergency requires the moving of children, caregivers should follow established and posted center evacuation procedures. Always keep children together and accounted for accurately. A major responsibility is for caregivers to take emergency contact files to the relocation site.

- Caregivers must be trained in first aid to handle medical emergencies. Someone should be assigned to call a doctor and arrange for transportation (as necessary). Caregivers should avoid panic, prevent further injury to the child, and provide no more medical treatment for the child than necessary before professional help arrives.

- First aid is used to save lives and prevent further injury. To accomplish this, the person giving first aid must prevent severe blood loss, help the child to maintain breathing, dilute or remove poisons from the child's body, prevent shock, treat burns properly, and immobilize head and back injuries.

- Accurate reporting of accidents, injuries, or illness is essential to the child's health record. This should be done according to established center policies and procedures in order to protect the child care center and the caregiver from possible legal liability.

Words To Know

artificial respiration
attention alert signal
cardiopulmonary resuscitation
caustic poisons
extinguish
fire extinguisher
first aid
hemorrhaging
immobilized
non-caustic poisons
pressure points
shock
third degree burn
tornado warning
tornado watch
tourniquet

Questions For Review

1. List three ways a child care center or caregiver may be held legally liable for a child's injury.
2. What are two purposes for notifying another caregiver in case of fire?
3. When reporting a fire, a caregiver should give the fire department or operator six items of information. What are they?
4. List the procedures for evacuating children from the building during a fire.
5. What three things are necessary in order for a fire to burn? List six ways to extinguish a fire.
6. Draw examples of fire extinguisher labels. Underneath each drawing, write the type of fire it should be used to extinguish.
7. Explain PASS. Write the action each letter stands for.
8. Where is the safest place to gather children in the child care center during a severe storm? a tornado? an earthquake?
9. What special precaution should be taken ahead of time in preparation for a blizzard? a hurricane?
10. List ten items that might be found in a child care center first-aid kit.
11. List eight procedures a person giving first aid must do to save a life and prevent further injury.

12. Describe three methods for stopping severe blood loss.
13. List six steps to restore breathing.
14. How can one identify and treat a victim of caustic poisoning? non-caustic poisoning?
15. Describe the symptoms of shock. What type of treatment should be given to a person in shock?
16. Explain the difference in treatment for severe heat burns and chemical burns.
17. Tell three methods for breaking the contact between a child and a source of electrical shock.
18. What is essential to remember when neck or back injury is suspected?
19. Why are accurate records necessary in child care emergencies?

10

Chapter Ten
Daily Routines

ESSENTIAL ELEMENTS

- Apply housekeeping and maintenance at the child care setting.(f3D)
- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Point out guidelines for assisting children with routine activities.(f2H)
- Apply classroom management and program planning techniques.(f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Apply procedures and policies in a child care setting.(f4A)
- Demonstrate ways to assist children with clothing.(f2G)

OBJECTIVES TO ACHIEVE

- Review arrival and departure routines which are safe and appropriate.
- Summarize the purposes and procedures of the daily health check.
- Explain correct procedures for handwashing and other hygiene practices.
- Explain ways to appropriately complete mealtime and snack time routines.
- List procedures for helping children be independent in dressing, undressing, and toileting routines.
- Describe ways to make smooth transitions between activities.
- List reasons and methods for involving children in appropriate housekeeping routines.

Routines

A ***routine*** is a pattern of behavior that occurs on a regular basis in a child care program. Daily routines include arrival and departure times, health check, handwashing and other hygiene practices, meal and snack time, toileting, dressing and undressing, napping, and housekeeping duties. They also include transition times between scheduled activities. Caregivers have other routines to follow that do not involve direct work with children.

Routine activities happen at about the same time each day. Routines help children feel secure because they know what to expect. Routines also provide children with a sense of "time." However, routines should not become too regulated. For example, lining a dozen young children up to wait in turn to go to the bathroom is not an appropriate routine. Instead, the children can be taken in groups of three or four, providing a chance for individual help and child/caregiver interaction.

For programs that offer both half-day and full-day programs, arrivals and departures occur at midday. Since midday is also lunchtime, the noon schedule may be hectic. Special planning will be required in order for routines to go smoothly. Children arriving at noon should come into an environment as warm, inviting, and well-organized as the early morning environment.

Caregivers should use routines as learning opportunities. Routines are ideal learning times because they happen naturally as a part of living. During routines, children learn and practice self-help skills appropriate for their level of development. Routines also help children learn to work in groups. Child care routines are an important part of the overall early childhood developmental program. These routines apply generally to toddlers and preschool age children.

ARRIVAL AND DEPARTURE

Arrival and departure times of children in child care settings are important. The tone for the beginning and ending of the "school" day is set at these times. Caregivers on duty at arrival and departure should have three major concerns:

- the safety of the children
- positive communications with parents
- a constructive learning atmosphere for children

Safety Concerns at Arrival and Departure

For safety reasons, arrival and departure procedures should be followed carefully by both parents and caregivers. One safety concern during these periods is the possibility that a child may stray, hide, or leave with an unauthorized person. On arrival, parents should know to turn their child over to an assigned caregiver. The caregiver visits briefly with the parent, does an informal health check, records the child's attendance, and directs the child to planned activities. On departure, the caregiver should wait with the child in a planned activity area until the parent arrives. Parents should know to come to a specified place in the center and stay until the caregiver releases their child. The caregiver greets the parents, helps them with the departure, and signs the child out for the day.

If someone other than the parent comes for the child, the caregiver must only release the child when the identity and authority of the person to take the child is determined. This authority can be granted only by the parent who enrolled the child or by a court of law, and it must be in writing. This can become a difficult procedure for caregivers when custody arrangements are changed following a divorce. Caregivers should involve supervisors in all questions about releasing a child from the center.

In some centers, especially those that involve car pool, van, or bus transportation, the arrival area may be outdoors or near an enclosed porch. The procedure may be for the parent or driver to stand by the vehicle (car, van, bus, etc.) for identification and wait for the caregiver to walk with the child to or from the vehicle. These rules are appropriate:

- Children will arrive in and depart from the same location every day.
- Caregivers will have accurate lists of children who ride in each vehicle, including written messages about children who may not be coming (on arrival) or leaving (on departure) due to an illness or other special circumstances.
- Car pool parents and other drivers will display a list of the names of the children they carry.
- For the first few days at least, children will wear name tags listing their names, the names of the caregiver, the group, and the driver. Name tags may be color-coded for easy recognition.
- Safe transportation practices will be followed. This includes having the children leave and enter vehicles from the side of the vehicle nearest the curb or porch and using child safety restraint devices which are appropriate for each child's age in the vehicles. Drivers will follow rules for driveway traffic pattern.
- On departure, caregivers will recognize the drivers or check their identities and authorization before releasing the children.
- Accurate records of when children arrive and depart the center will be kept.

Communication with Parents at Arrival and Departure Times

Arrival of children and departure of parents may be stressful for both children and parents. This stress can be eased by a friendly, caring caregiver. Each child and each parent should be warmly greeted by name and given individual attention. The caregiver should sense the child's needs. These needs might be for comfort, affection, listening, or encouragement to begin the activities of the day. When a caregiver recognizes a child's needs, it shows the parent that the child is special to the caregiver and will receive good care.

Interactions that occur casually between parent and caregiver at arrival and departure times are called ***informal communications***. It is the job of the director and/or the child's teacher to schedule more formal conferences with a parent. Anytime a caregiver communicates with a child's parent, questions that the caregiver is not authorized to answer should be directed to a supervisor.

At arrival, caregivers should listen carefully and record any information or instructions the parent gives about the child. For example, the parent may say, "Gregory is upset this morning because his dog is missing." This information may be valuable in helping caregivers understand the child's behavior that day.

At departure, caregivers should inform parents of the child's schedule during the day. For infants, parents need information about formula taken, bowel movements, and sleeping patterns. For older children in regular routines, parents should be told of any changes in their child's usual routines or behavior. It is wise to also share a positive happening about the child's physical, social, emotional, or mental development. Communication can be verbal or with written notes, sometimes pinned to the child's clothing with a safety pin.

Learning Atmosphere at Arrival and Departure

Caregivers assigned to arrivals and departures have special roles to play. A positive attitude says to a child, "I enjoy being with you at this time." Arrival and departure activities should be planned as an important part of the center's program. The activities should meet the child's needs and provide a transition into or from the more structured part of the daily schedule. The number of caregivers present is influenced by minimum licensing standards for the number of adults required for each child. Many child care centers will have multi-age grouping for arrival and departure time.

The first duty of the early morning caregivers is to arrive early enough to prepare the room to say "welcome." The heating or air conditioning should be adjusted. The shades or curtains should be open to make the room bright and sunny. The caregiver should smile and be enthusiastic. It helps greatly to provide a new game or toy each day in addition to the familiar ones. The day's planning should be completed before children arrive so the caregiver can give individual attention to children and parents.

Each child's personality and biological "time clock" should be respected. Some children will arrive full of energy and ready to begin the day's activities. Others will be quiet and shy, preferring to be left alone for awhile. Some may wish to join another child at a table activity. Some children may be eager to continue an ongoing project such as rehearsing a "play" that they are going to put on for the group.

At departure time, parents like to have their children as clean and fresh as possible, toileted, in good spirits, and ready to go. The departure routine should help meet these needs. Nap time and afternoon snack time should be over. The children should be toileted and washed. Personal belongings should be ready to get from cubbyholes. The children can be happily involved in activities which can be left. For children who want to stay "just a few minutes more," the caregiver can help the parent by firmly insisting that it is time to go. The caregiver can reassure the child by telling him/her the activity can be done the following day.

DAILY HEALTH CHECK

The daily health check is part of the arrival routine. It may be informal or formal. The purpose of the health check is to determine the health of each child and prevent the spread of illness among the children. An informal check would be done casually by the greeting caregiver. This procedure should be done before the parent leaves. In an informal health check, the following signs of ill health or poor hygiene practices should be noted:

- discharge from the eyes, ears, or nose
- rash on face, neck, chest, or stomach
- sneezing or coughing
- watery or glassy eyes
- fever, flushed face, and hot, dry skin
- unusual paleness or coldness
- hoarse voice or swollen glands
- report by the child of sore throat or pain in any part of the body
- scratches, bruises, or sores
- sad, tired, or concerned facial expression
- dirty hands and face
- unclean teeth
- dirty hair and scalp
- unusual walk or movement for that child
- unusual behavior for that child (quiet, angry, crying, etc.)

Some centers do a more formal health check. Formal health checks would be done by a health professional, the director, or a caregiver assigned by the director. In addition to the checks listed above, the person doing the health check might use a flashlight to check for sore throats, feel the throat and under the chin for swollen glands, and take temperatures (if fever is suspected).

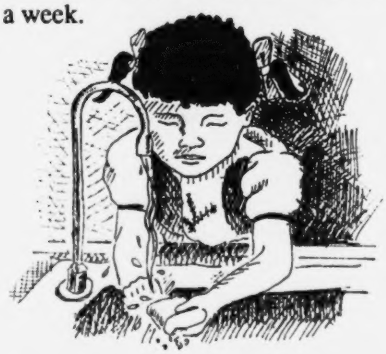
Whatever the system used, children should not be embarrassed, frightened, or threatened by a health check. The health check should be seen as a good way to start the day. As a result of the routine health check, some children may need to be watched during the day for further illness symptoms. Poor hygiene practices, such as arriving with unclean face and hands, may be corrected at the center. If a child shows clear signs of illness, parents should plan other care arrangements. Any signs of poor health or hygiene should be recorded in the child's health record.

HANDWASHING AND OTHER HYGIENE PRACTICES

As mentioned in an earlier chapter, handwashing is probably the most important hygiene practice for children and caregivers. Children should wash their hands before and after eating, after toileting, and after playing with modeling clay, play dough, dirt, or other substances.

Children should learn to wash their own hands. Toddlers, at first, may do more "splashing" in the water than washing. However, it is very important to form the habit of handwashing at an early age. The caregiver can assist after the child makes the effort to wash. Caregivers should be consistent in supervising handwashing routines. Caregivers can help young children improve their handwashing skills with a positive attitude, ***modeling*** (setting a good example), and ***positive reinforcement*** (praising a job well done). For handwashing, the following guidelines are important:

- Use cold or warm, not hot, water. The water heater at a child care center should already be set at a warm water temperature. Hot water can burn a child's tender skin.
- Use soap with each washing. It is safest to use liquid soap to prevent the spread of germs.
- Hands should be washed and rinsed well, including up to the wrists and between the fingers.
- Hands should be dried with a disposable towel (paper towel) or a personal cloth towel. Disposable towels should be placed in a trash container after one use. If children dry on cloth towels, each child should use his or her own towel. Each towel should be marked so the child can identify it and replace it on its hook after each use. Cloth towels should be sent home for washing at least once a week.



Toothbrushing is also an important routine to establish in early childhood. Each child's toothbrush should be clearly marked with the child's name or special symbol and hung in a clean place within the child's reach. Teeth should be brushed following each meal.

Combing and brushing hair is a routine (often following nap time) in many child care programs. Children enjoy the routine and parents appreciate seeing their children well groomed at the end of the day. This routine should be encouraged as a way to keep the hair tidy, not as a "dress up" game. Each child should use a personal comb and/or brush, for cleanliness.

MEAL AND SNACK TIME

Eating is a routine in all child care centers. Half-day programs provide a midmorning or midafternoon snack. Full-day programs offer a noon meal as well as two snacks. Some programs offer a breakfast snack also, particularly for children whose families have poor nutritional habits. All foods and drinks served should be nutritious. Snacks are used to provide children with part of their daily nutritional needs.

Caregivers should understand typical eating patterns of children. Older children may have smaller appetites than younger children since younger children grow at a faster rate. Children may have dislikes for certain foods. They may not wish to try new foods. They may sometimes want to eat only one food (such as bread and butter). Children may eat very quickly or very slowly. Others may play with their food. Caregiver modeling and peer influence are usually the best influences on children's eating behavior. Children should be encouraged to taste each food, but they should not be forced to eat. Plates with uneaten food can be removed without comment. Healthy children will not go hungry many days in a row. Foods should not be withheld as punishment or offered as a reward.

Simple meal and snack time rules will help create a good routine. Caregivers can share the rules with the children and expect the rules to be followed. The rules should include handwashing before and after meals and sitting while eating.

Eating should be a pleasant and relaxed experience for children. Child-sized tables, chairs, and utensils encourage independence and help avoid spills. Tables that are conveniently and attractively arranged help create a pleasant atmosphere. A caregiver should be seated at each table. It is best to have one caregiver for no more than five or six children. Good social interaction should be encouraged during meal and snack times. A child who behaves inappropriately may be seated by the caregiver or quietly removed from the group to finish the meal. Removing the child from the table should be avoided, if possible.

Snack time can be organized in different ways. The usual way is for all children to be seated for snacks at the same time. Another way is for snack foods to be available during part of learning center time, allowing children to make choices about when and what they would like to eat and drink. The variety and number of choices available should be appropriate for the children's level of development. Older children might be encouraged to pour their own juice and spread their own cracker. With this system, caregivers need to see that every child takes time to snack. Whatever the system, the children must wash their hands before and after eating and remain seated while they eat and drink.

Meal and snack time can be special learning times. Important concepts to teach and encourage with eating routines include the following:

- **Importance of handwashing before and after eating** – This habit should be modeled by caregivers and enforced consistently.

- **Responsibility for helping with serving and cleanup** – Children can take turns setting the table, pouring drinks, wiping tables, and doing other jobs.
- **Self-help eating skills** – Preschoolers may be encouraged to help themselves by carrying their own trays from a cafeteria line or serving themselves in family-style service. Older infants should be allowed to feed themselves (with minimum caregiver assistance) as soon as they show interest.
- **Appropriate table manners** – Caregiver modeling, simple explanations based on consideration for others, and positive reinforcement of children's appropriate table manners are effective ways to teach table manners. Expect manners to be learned gradually.
- **Information about foods and food sources** – This includes information about where foods grow, what color they are, and how they are processed.
- **Nutrition information** – This includes simple facts about choosing foods from the five food groups.
- **Listening skills** – This includes learning to follow directions.
- **Language expansion** – This may be gained through conversation and naming foods, colors, textures, etc.
- **Group rules and limits** – These should be communicated to children and the reasons for them discussed.
- **Time concepts related to meals** – Meals and snacks should be served at the same time each day. Meal time should be pleasant and relaxed, allowing children enough time to eat.
- **Eye-hand coordination, awareness of space, number concepts** – These concepts can be learned by arranging dishes, silverware, and chairs for each person and by counting napkins, crackers, etc.

TOILETING

Early experiences associated with toileting can affect a child's self-image and attitudes about sexuality. Toileting should be a pleasant experience for children.

The physical environment should encourage independence in toileting. It is best if bathroom fixtures are child sized. If this is not possible, a sturdy step-stool will help small children reach adult-sized toilets and lavatories. If possible, potty chairs should be available for toddlers.

Young children develop the physical ability to control toileting at different ages. Caregivers should not shame or tease a child who is not toilet trained or make a child feel "dirty" because of a toileting accident. Such actions are cruel and may harm the emotional development of a child.

It is most helpful if caregivers and parents cooperate in toilet training a child. Consistency in training is important to a child. If the caregiver suspects that toileting accidents at home are treated as dirty, shameful, or naughty, this observation should be reported to the supervisor. The supervisor or the director can then explain to the parents how and why toileting accidents are handled in positive ways at the child care center. Parents can be reassured that a child will often quickly master toilet training in a group situation. In child care, caregivers accept accidents casually, without scolding, anger, or punishment.

Most child care programs schedule toileting before and after snack and meal times, before and after nap times, before outdoor activity time, and before departure time. Some of these may be the same. For example, "after meal time" may be the same as "before nap time" and "before outdoor activity time" may be the same as "after snack time." Scheduled toileting may occur one by one or in small groups. In addition, children should always be encouraged to go to the toilet when they need to.

Regardless of the age of the child, caregivers may expect children to have an occasional accident. This is especially so during the first weeks of training and when children are ill or experiencing stress. For example, ***regression*** (to return to an earlier stage of development) in toileting behavior is common among children who have new babies in their families.

During the first months of toilet training, children should be dressed in training pants and clothes which they can handle easily and quickly. At first, when a child is wet, the caregiver should go with the child to the bathroom and change the child's clothes, explaining the procedure to the child. If accidents continue, the caregiver should react casually and direct the child to the bathroom to change his or her own clothes. The caregiver should watch the situation and make sure the child is clean, his or her wet clothes are placed in a bag to take home, and hands are washed correctly. Young children of all ages usually need help from a caregiver when bowel accidents occur.

Caregivers should recognize clues that a child needs to use the toilet. Many young children will wait too long before they stop playing and start for the bathroom. Clues of a need to toilet include handling the ***genitals*** (external sex organs), dancing around, standing quietly with legs crossed at the knees or ankles, and/or an anxious, worried look. When recognizing a child's need to go to the bathroom, the caregiver should use a direct statement rather than an asking or an inviting statement. For example, the caregiver can say, "Come with me and use the bathroom," or, with an older child, "Go use the bathroom." During cold or rainy weather, children may need to use the toilet more often.

When children have finished using the toilet, have them get the toilet tissue and wipe themselves. Teach them to wipe from front to back, away from the genitals, when they are wiping themselves after a bowel movement. Used toilet paper should be discarded in the toilet and flushed, not put in a trash can. Children should be taught to flush each time after using the toilet and to wash their hands. These procedures are important to prevent the spread of germs. Follow these general guidelines in regard to toileting:

- Encourage and praise children's efforts to help themselves.
- Use children's names.
- Describe procedures. For example, you might say, "Cory, you remembered to flush the toilet. Good for you."
- Have confidence in the child's ability to learn.
- Try to put yourself in the child's place.
- Respect the child's body and feelings.
- Use correct terminology for body parts and processes.

- Encourage questions and conversations about toilet training.
- Treat curiosity about male and female genital differences honestly and matter-of-factly.
- Treat toileting as a natural act.

DRESSING AND UNDRESSING

When children are learning to dress themselves, parents should be urged to choose clothing that children can handle easily. Caregivers should schedule enough time for children to dress and undress themselves. Children remove outer garments at arrival time and after outdoor play time. They put on outer garments before outdoor play time and at departure time. They also handle their garments while toileting.

When children are young, clothing with large buttons, zippers, and velcro fasteners help them learn to dress themselves. In the early months of toilet training, pants with soft elastic waistbands are easier to handle than pants with zippers, buttons, and snaps.

As children get older, clothing fasteners which are harder to manage will help them learn more about dressing themselves. When teaching children new skills, give simple directions in the correct order. Allow children to follow one direction before being given another. Dressing dolls or using dressing frames can help children learn to button, zip, snap, and tie.

In a climate where boots and heavy clothes are worn, be sure children use the toilet before dressing to go outdoors. Help children know the correct order of dressing themselves. Sweaters come first, followed by boots, coat, cap, and finally mittens or gloves.

NAP TIME

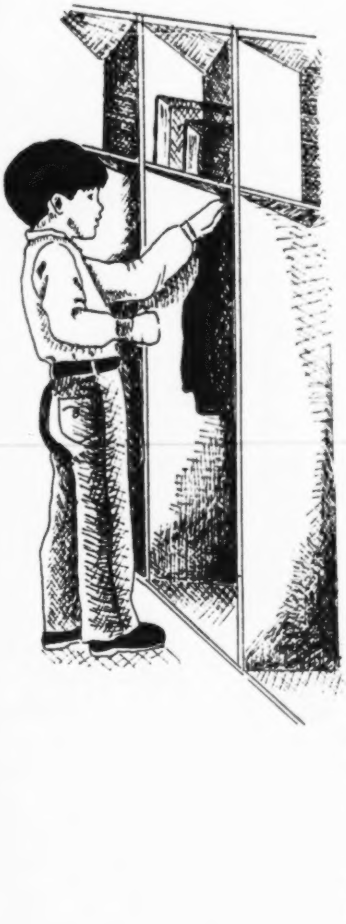
Rest is another important routine in a child care center. Rest is necessary to young children for growth and good health. Without a regular rest time, ***fatigue*** (tiredness) and emotional upsets usually occur. Several signs of fatigue are ***listlessness*** (not being interested in activities), whining and crossness, crying for no apparent reason, and changes in behavior.

A period of quiet restfulness during the day is important to all children, whether or not they take a nap. Most children will nap during rest time. Others, especially some older children, will not. Many children who do not intend to fall asleep will do so anyway. Those who require less sleep may be allowed to read a book or play quietly in another room after lying down for awhile. They should not be allowed to bother those children who do take naps.

The attitude of the caregiver toward the rest period will influence the way the children react to it. Caregivers should understand the importance of the rest period and how to supervise this routine. Plan the beginning of the rest period as if all children will fall asleep. A quiet period before rest time helps calm the children and gets them ready to relax. Stories, poetry, and quiet songs are good activities to relax children. Children may choose to nap with a favorite toy or blanket. Toileting, handwashing, getting out and putting up cots and mats, and removing or putting on shoes and socks are part of the nap time routine.

To make napping easier, the room should be quiet and darkened as much as possible. Separate children enough for privacy. Licensing standards may require a certain amount of space between children at nap time. For health reasons and to discourage talking, children should be arranged head-to-toe, so heads and feet are alternated. Each child should have his or her own mat or cot and the same place to rest every day. Caregivers may choose to group children for nap time according to similar sleeping patterns, once these are recognized.

At least one caregiver should remain in the room where children are napping. The number of caregivers required for nap time is usually specified in state licensing standards.



HOUSEKEEPING

In a child care setting, ***housekeeping*** involves maintaining an attractive, orderly, and safe environment for children. One way to help young children develop is to teach them to be independent, respectful, and cooperative individuals. Caregivers who do not teach young children to pick up and clean up are not helping them reach these goals.

Some basic rules to teach young children about housekeeping routines include the following:

- If you drop things, pick them up.
- If you spill a liquid, wipe it up.
- If you turn on a light, turn it off when you leave the room.
- If you open a door or a drawer, close it.
- If you find an object in a traffic path, move it.

Caregivers should make housekeeping tasks easy and fun. Housekeeping tasks are important parts of children's developmental learning activities. Tasks should be selected which are appropriate for the ages of the children. For example, toddlers cannot be expected to pick up a roomful of toys. Therefore, only a few toys should be available for toddlers to play with at one time. Part of the "fun" is to help the caregiver put up toys. Caregivers must be patient with children while they learn housekeeping skills. Often it would be easier and faster for caregivers to do these chores themselves. However, the learning experience is important for children.

By allowing children to practice housekeeping tasks, caregivers teach children developmental skills. Caregivers should provide the physical environment, the time, and the emotional climate for children to learn housekeeping skills. Picture labels on open shelves at the child's eye level help young children know where toys and personal items belong. Brooms, mops, paper towels, and sponges can be available to older children for cleaning up spills. The time for getting things in their proper places should not be hurried. The emotional climate should reflect patience, modeling, caregiver assistance, praise for a task accomplished, and consistency. Routines are learned best when caregivers are firm and consistent, yet gentle and patient.

Children should learn to do housekeeping tasks as the need arises. For example, if a coat falls to the floor, it should be picked up when it is seen. Special child care housekeeping routines occur daily at the following times:

- On arrival, children put their coats, boots, and personal belongings in their personal shelves, bins, or cubbyholes.
- After an activity period, toys and equipment need to be stored in their proper places. Items that will dry out, such as clay and paints, should be properly covered.
- After meal and snack time, routine jobs are done.
- Before and after nap time, routines are established.

Maintaining an orderly environment does not mean keeping it so clean and tidy that children are uncomfortable. Activity and learning centers may appear to be wall-to-wall with toys, equipment, and supplies during free play. However, when activity time is over, materials and equipment should be returned to their proper storage places. Restoring order to the environment is important to children for many reasons including the following:

- Children feel secure in an orderly world. They know where things belong, what is expected of them, and what comes next.
- Children enjoy an attractive setting. They learn to appreciate neatness.
- Children have more freedom to make choices in an orderly environment than in an unorderly one. When things are in place, children know what is available and where to find it.
- Children have more opportunities to build a positive self-image. Children develop confidence when they can depend on their environment.
- An orderly environment provides better child care. The social, emotional, and mental development of children is improved in an orderly physical environment.
- An orderly environment is safer for children. Children are less likely to stumble over a toy or slip and fall when things are in their proper places.

TRANSITIONS

A part of each day is spent in changing activities. The period between two activities is known as a ***transition***. Good transitions prevent long periods of waiting. Smooth transitions also prevent confusion and bad behavior from children.

Because children need time to change activities, caregivers should plan for transitions to take place gradually. Before it is time to go outside, the caregiver may tell children that their activity is almost over. The caregiver should move quietly among the groups of playing children and tell them that it will soon be time to put their materials away. At the appropriate time, the caregiver can sing a cleanup song as the children put away their materials. When cleanup is completed, children can move to the outside play area.

Games and fingerplays are useful as transitions. For example, when children move from a large group activity (such as story time) to learning centers, the caregiver could invite children wearing blue to leave the group first, then those wearing green, etc. Fingerplays are especially helpful when caregivers and children are waiting for a short period of time, such as before lunch is served. Planned transitions guide behavior by providing direction for children throughout the day. They also help children learn.

With young children, transition activities should be staggered to prevent waiting in line. As children finish learning center and play activities, they can toilet, wash, and move to group story time in groups of three or four. Poems, fingerplays, or other transition activities can keep the children busy before story time begins.

Signals can help children recognize when to stop and prepare for the next activity. For example, when a caregiver brings drinking water to the playground, the children know that this is a signal to stop, put away play things, have a drink, and go inside. When a caregiver places damp sponges at a messy play area, the children recognize this as a signal for cleanup time, whether the activity is art, craft, clay, or snack. To begin the music period, the teacher can start singing simple songs that allow the children to join in as they finish toileting and washing.

Points To Remember

- Routines are patterns of behavior that happen naturally as a part of living. They give children a chance to learn and practice helping themselves. They also help teach children to function in a group.
- Caregivers on duty at the arrival and departure point should be concerned with providing a safe transfer of children to and from parents, communicating positively with parents, and providing a good learning atmosphere for the children.
- The purposes of an informal health check are to visually check for a variety of physical and behavioral symptoms, to assess the health and hygiene practices of each child, and to prevent the spread of illness among the children. The informal health check should be completed before the parent leaves.
- Caregivers can help young children improve handwashing and other hygiene practices with consistent positive attitudes, modeling, and reinforcement.

- Responsibility for helping with serving and cleanup, eating skills, appropriate table manners, and information about foods and food sources are important concepts to be learned with eating routines.

- Early experiences related to toilet training can affect a child's self-image and attitudes about sexuality. To shame a child who is not toilet trained or to make a child feel "dirty" because of an accident is cruel and may harm the child's emotional development.

- When teaching children to dress themselves, simple directions should be given in the correct order. Allow children to follow one direction before giving another.

- When children show a lack of interest in activities, become cross or whine, cry for no apparent reason, or change from their usual behavior, they may be showing signs of fatigue. Rest is necessary to young children for growth and good health.

- Caregivers should provide the physical environment, the time, and the emotional climate for children to learn housekeeping skills along with other skills for helping themselves.

- Smooth transitions between activities guide behavior by providing guidance to children throughout the day. They also prevent long waiting periods, confusion, and disruptive behavior.

Words To Know

fatigue
genitals
housekeeping
informal communications
listlessness

modeling
positive reinforcement
regression
routine
transition

Questions For Review

1. List eight daily routines that occur in a child care program. Give four examples of ways that routines benefit children.
2. What are three major caregiver concerns during children's arrival and departure times?
3. Who can give authority for a child to leave the child care center with someone other than the written permission given by the parent who enrolled the child?
4. List five rules appropriate for child care centers with an outdoor arrival and departure area.
5. What information should a parent communicate to a caregiver upon arrival? What should a caregiver tell the parent during departure?

6. In what ways can a caregiver prepare the child care center during the early morning to welcome the children?

7. What are the purposes of an informal daily health check? List eight areas to examine during this check.

8. Name three times children should wash their hands. How can caregivers help children improve their handwashing skills?

9. Name two personal hygiene routines besides handwashing that children should learn. When should these routines be practiced?

10. Describe a pleasant meal or snack time atmosphere.

11. List ten important concepts that can be developed with eating routines. Give one example of how to promote each concept.

12. What signs should a caregiver recognize as clues to a child's need to go to the toilet? List guidance techniques a caregiver can use to promote toilet training.

13. Write a set of instructions to guide a child through removing and putting on an article of clothing.

14. What can happen to a child without regular rest time? List some signs of fatigue.

15. Name five basic rules for children's housekeeping routines. When could these routines occur in the daily routine?

16. What is a transition? Give an example of a transition activity. What problems are avoided by having good transition activities?

11

Chapter Eleven
Principles and Areas of Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages.(f1B)

OBJECTIVES TO ACHIEVE

- Explain how children progress through developmental stages in sequence.
- Describe the directions which physical development follows and the sequence which motor development follows.
- Examine the nature of the physical, emotional, social, and mental aspects of childhood development.
- Explain guidelines for caregivers' use in helping children to learn.
- Examine methods of helping children deal with common childhood emotions.

Areas and Principles of Development

Personal development refers to any gradual change in a person. Such a change may be physical, mental, or behavioral. Development involves growth, maturation, learning, and behavior. A child develops physically, mentally, socially, and emotionally. Within each of these areas, children develop according to certain general principles and patterns. A general understanding of these areas, patterns, and principles helps caregivers to know what to expect of children as they develop. Interpreting children's behavior and providing better guidance is then possible.

Children change in many areas and in different ways. People who study development want to know what these changes are and how they happen. Listed on the next page are examples of questions children might ask.

- How are individual children different from one another?
- How are individual children similar to each other?
- How does one child change over time?
- How do children differ in the ways they change?

There is an important relationship between all of the areas of development which a child goes through. Physical, mental, social, and emotional development in children are all related. Children who have good physical development for their ages will normally show good development in other areas. This chapter includes general information on principles and patterns of development. Later chapters examine the various areas of children's development in more detail.

DEVELOPMENTAL STAGES AND SEQUENCE

In both physical and mental development, children go through a sequence of stages which can be predicted. These are called ***developmental stages***. While the rate of development is different for each child, children do develop through stages in the same order. ***Sequence*** is the order in which these changes happen. The average age at which certain changes happen is not as important as the order of the changes. Knowing that walking is learned after creeping is as important as knowing the approximate age when walking should begin. Age becomes a concern only when a child is extremely slow to develop.

Children learn certain tasks best and more easily at different levels of development. These tasks are called ***developmental tasks***. Children do not move on to the next level until they master the tasks for the present level. In the past, several experts developed theories about the tasks which children master at different levels of development. Table 11.1 shows how Robert Havinghurst identified tasks as developmental tasks of two stages of childhood.

DEVELOPMENTAL TASKS

Infancy & Early Childhood	Middle Childhood
Learning to take solid food	Learning physical skills
Learning to walk and talk	Building wholesome attitudes toward oneself
Learning control for eliminating body wastes	Learning to get along with others of the same age
Learning sex differences and sexual modesty	Learning an appropriate masculine or feminine social role
Formulating concepts of social and physical reality	Developing fundamental skills in reading, writing, and calculating
Achieving physiological stability	Achieving personal independence
Learning to relate emotionally to others	Developing conscience, morality, and a scale of values
Learning to distinguish right and wrong and developing a conscience	Developing attitudes toward social groups and institutions

Adapted from: Robert J. Havinghurst, *Developmental Tasks and Education*, David McKay Co., Inc.

Table 11.1

Adults should never try to force a child to learn skills which do not fit his or her level of development. When children are working on skills, they need to be encouraged by caregivers to practice those skills. Use guidance and patience in helping children master developmental tasks. Be aware of the tasks children are working on in order to encourage them to progress. This information also helps caregivers to better understand the behavior of children at different stages.

The normal sequence of development may be interrupted when a child does not have certain important influences. ***Sensitive periods*** are times that an infant or child is affected the most by certain influences. For example, in language development, all normal babies coo and babble, even if no one talks to them. However, they may have trouble going any further than babbling if they do not begin to hear spoken language during this sensitive period.

PHYSICAL DEVELOPMENT

Physical changes in the body happen in a sequence and are orderly. The order in which physical changes happen stays the same for the skeletal growth of embryos, the maturation of the muscles of infants, or the muscle development of toddlers. Physical development follows two major directions. A child's body develops from the head downward and from the center of the body outward. Children gain control of large muscles first and gradually gain small or fine muscle control.

The upper parts of a child's body mature faster than the lower parts. This means that children are able to control the area around the head and shoulders before they can control their hands or feet. A baby is able to move her or his head with greater control than other parts of the body. Gradually, control of the shoulder and arm region is mastered.

The second direction of development is control from the center of the body outward. The muscles nearest the center of the body develop earlier than those toward the outside of the body. A baby first moves by rolling over with control of the chest and trunk areas. Later the shoulders and arms are used in attempts to reach out. Even later, arms and legs are controlled when crawling and creeping begin. Finally, the child can work with blocks and other simple toys using wrist movements and the thumb and fingers.

Motor development is the successful control over the movement of different parts of the body. Development from large (gross) muscle to small (fine) muscle control means that children gain control over their larger muscles first. Gross muscle control involves use of the whole body in such activities as walking, running, climbing, pushing, pulling, and playing with large toys, blocks, boxes, and tunnels. Later, children gain control of their fine muscles. Fine muscle control allows a child to do activities such as eating with a spoon, manipulating objects with fingers and wrists, putting puzzles together, and hammering nails into boards.

Based on the patterns and principles of physical development, activities should be planned for young children which allow the best development of muscles and coordination. Young children need time for vigorous, energetic, physical play. Sitting too long in chairs or at tables is impossible for children at this level of development. Later, when finer muscles and eye-hand skills are developing, children need some activities which stimulate them to practice these skills. Caregivers should avoid planning too many fine-muscle activities at first so that children can gradually gain muscle control and learn to enjoy these activities. Help each child develop at his or her own rate and at his or her own level of development.

MENTAL DEVELOPMENT

The word "cognitive" means "to know." ***Cognitive development*** is mental development gained through learning. Intelligence and mental ability can be defined in many ways. Many experts agree that ***intelligence*** involves the different capacities or abilities each person has. Every child is born with certain abilities. Learning occurs because of the child's experiences after birth. This learning influences how much the child's intellect, or mental ability, develops. The first learning occurs through use of the senses of sight, hearing, smell, touch, and taste.

In order for children to learn, activities are needed which stimulate the senses. Most increases in ability happen simply as a result of normal growth and maturation. However, learning also results from opportunities provided for the child through planned daily activities. Most children have the natural instinct to explore and discover their surroundings. They usually have a natural desire to enjoy sights and sounds. Well planned activities can enhance a child's natural desire to explore and learn.

Use of the senses forms the basis for a great deal of learning. For example, through sight, children learn to compare and identify colors, sizes, shapes, numbers, distances, positions, and qualities of objects. Through hearing, children learn from other people and communicate with others. Children also learn to distinguish where certain sounds come from and what they represent. Through touching, children learn how things feel and what their world is like. Smelling is the sense which adds mainly to a child's enjoyment or discomfort. Of course, it also alerts them to dangers which produce certain odors, such as fire. Taste adds to the pleasure of learning to eat and drink different foods. If a child's physical senses do not function properly, he or she needs assistance in order to prevent such a physical condition from being harmful to mental development.

The development of language is an important part of mental development. Language is symbolic, which means that a word can be used for an object, place, or idea. Children learn language through imitating adults. For this reason, caregivers should set good examples and use correct grammar. It is important to provide activities which encourage children to talk and which include them in conversations. As a caregiver, good listening is important. Avoid being critical of children's speech. Criticism may prevent children from talking freely.

Important guidelines to remember when helping children to learn about their world include the following:

- Keep children interested and curious.
- Teach children when they are ready to learn.
- Provide surroundings which encourage learning.
- Keep surroundings and activities familiar enough for children to feel secure and comfortable.
- Make learning enjoyable and fun.
- Teach children skills they can use in "real" life.
- Realize that specific needs of individual children affect their learning and their motivation to learn.
- Show the children that you enjoy learning.

SOCIAL DEVELOPMENT

Social development happens as children learn to adapt to the world around them. It involves getting along with others, functioning in society, and seeing themselves as individuals within a group. Each child learns accepted behavior by watching, listening, and imitating others. As discussed in Chapter Five, a variety of factors influence social development.

A child's self-concept (self-image) plays an important role in social development. Children who develop healthy self-concepts are able to relate to other children and adults in positive ways. They feel good about themselves. They also have confidence in themselves. It is obvious that self-concept is greatly affected by how other people react to a child. If a child has care, encouragement, security, love, and guidance, he or she will probably develop a positive self-concept. Children who are rejected, discouraged, and frequently punished may develop negative pictures of themselves. To help children develop positive self-concepts, encourage them when they experience failure and recognize their work when they are successful.

Children enrolled in a child care program soon begin to adapt to their new social environment. Often, for the first time, they learn to conform to group standards, make contributions, appreciate traditions, and cooperate with others. Children learn much about social relationships through trial and error. Caregivers can guide children in social development and help limit the number of errors they make.

Children learn to work with other people through their play. As they grow older, children progress through four sequences of play. These four sequences are solitary play, parallel play, associative play, and cooperative play.

Solitary play is the first form of play. Up to 18 months of age, the child plays alone with toys. The child makes no efforts to play with other children or adults nearby. Caregivers should provide materials that the infant can easily handle alone.

Parallel play is next in the sequence. By about 18 months of age, the child plays beside, but not with, nearby children. Some children watch others as they play. Other children may not pay attention to nearby children. In this stage, children are more interested in their toys than the other children. Caregivers should still provide materials that infants can handle alone, but the materials should require more thought than before. Appropriate materials include blocks, simple puzzles, pull-apart and snap-together pieces, and plastic and wooden animals.

Associative play occurs when children begin to participate in games or activities together. Most children reach this stage around the age of three or four years old. For the first time, a greater interest in ***peers*** (other children of the same age) is seen. Children at this stage will often share toys. Some materials which encourage associative play are building blocks, art projects (such as making a class mural), and musical instruments.

Cooperative play is the form most often seen in middle childhood (around ages seven to ten years old). This type of play is easily seen in the games children at these ages play, such as "Red Rover" and "Tug-of-War". Cooperative play is also seen when children participate in baseball, soccer, or other organized team sports. In these events, children work together to compete against another team. Cooperative play is also encouraged by computer games, jacks, and frisbees.

Some children use all forms of play by adding one onto another as they develop. For instance, three-year-old Jack likes to play alone with the blocks, but he also enjoys painting next to Janis. However, when time comes to take part in dramatic play, Jack likes to play fireman with Arnie. Other children may stop using one form of play when they reach the next stage.

EMOTIONAL DEVELOPMENT

Emotions involve feelings, instincts to act, and the mental urges that produce feelings. Emotional outbursts happen more often and are stronger at the preschool age than any other age. Young children have not learned to control their emotions.

Emotions are important because they help children experience and express wholesome feelings. Positive emotions include affection, respect, love, happiness, delight, excitement, hope, and joy. Negative emotions include anger, fear, hatred, anxiety, disgust, distress, disappointment, shame, and jealousy. Of these emotions, it is common to see anger, fear, jealousy, happiness, affection, and love expressed by young children.

Anger

Anger may be caused by fear, frustration, jealousy, tiredness, or embarrassment. Expressing anger is one way a child lets out emotions which have been held inside. Signs of anger in a child include biting, hitting, shoving, screaming, spitting, and pinching. Young children may have a hitting temper tantrum while older children may threaten others and call others names. To control times of anger, remove any unnecessary causes, when possible. Allowing an angry child to become calm before having a personal talk with him or her often provides better results.

Fear

Common childhood fears include fear of animals, of being left alone, of falling, of loud noises, and of strangers. Anything that happens suddenly or unexpectedly usually frightens a child. To help children overcome fears, help them develop skills, such as turning on lights and opening doors of places where they feel shut in. Ask children what frightens them. Calmly and clearly explain the causes of things that children do not understand.

Jealousy

Jealousy often results when children feel disadvantaged, poor, or unfairly treated. Between the ages of two and five, a child may become jealous of attention given to another child. A child may not understand that attention given to others does not mean a lack of affection for him or her. Try to reduce the number of times children feel disadvantaged. Treat each child as a separate person to prevent jealousy. Avoid comparing children or giving a great deal more attention to one child than to another.

Happiness

Healthy children are usually happy. They like to express their happiness by smiling, laughing, clapping, and jumping up and down.

Affection

Affection is an emotional response which may be shown toward another person, object, or animal. Pleasant experiences result in affection for young children. Affection often develops between siblings and other children of about the same age. Young children enjoy being affectionate to both boys and girls as friends.

Love

It is very important to receive feelings of sincere love from adults and other caregivers during the early years of a child's life. Love is a feeling of deep personal attachment and commitment. Most experts say that a child must feel loved in order to have good emotional development. A child's relationship with the parent is the most important factor in this development. Other caregivers who spend large amounts of time with children can also have a very important effect on children's emotional development.

All emotions, both positive and negative, are part of a child's normal development. Encourage children to share their emotions openly and not hide their feelings. Emotional behavior has a positive value. Strong negative emotions, such as anger, can be expressed through acceptable physical activity. Children learn to control their emotions during the four to six-year-old period. As emotional development continues, children learn to show love and to handle negative emotions. Handle children's emotions by working with them individually to help them express emotions in acceptable ways.

Points To Remember

- Personal development is any gradual change in a person. Development occurs physically, mentally, socially, and emotionally. General principles can be observed regarding how children develop.
- There is an important relationship between all of the areas of development which a child experiences.
- Children progress through a predictable sequence of developmental stages. The rate is different for each child, but the order remains the same.
- Developmental tasks are tasks children learn most easily and effectively at different levels of development. Children must master the tasks at one level before they move to the next level.
- Sensitive periods are times that a child is affected the most by certain influences.
- Physical changes happen in sequence. A child's body develops from the head downward and from the center of the body outward. Children gain control of large (gross) muscles first and gradually gain small (fine) muscle control.
- Motor development is successful control over the movement of different parts of the body. Caregivers should plan activities for young children which allow for the best development of muscles and coordination.
- Cognitive development is mental development which occurs through learning. Each person is born with abilities. Learning happens because of a child's experiences. The senses are used for the child's first learning.
- When helping children learn, keep them interested, teach them when they are ready, arrange familiar surroundings for learning, make learning fun, teach children "real life" skills, and show children that you like to learn.
- Social development happens as children learn to work in the world around them and get along with other people. A child's self-concept plays an

important role. Help children develop positive self-concepts by encouraging them and praising them.

- Four types of play show how children develop socially. They are solitary play, parallel play, associative play, and cooperative play.
- Common childhood emotions are anger, fear, jealousy, happiness, affection, and love. Emotions are important because they help children experience and express wholesome feelings. Handle each emotion of a child by working with the child to help him or her express emotions in acceptable ways.

Words To Know

associative play
cognitive development
cooperative play
developmental stages
developmental tasks
emotions
intelligence
motor development
parallel play
peers
personal development
sensitive periods
sequence
solitary play

Questions For Review

1. List the four areas in which development takes place. Examine the important relationship between these different areas of development.
2. Why is the sequence of developmental changes more important than the age at which changes occur? When might the age factor become important?
3. What are developmental tasks? Give examples of tasks which children master during early childhood and middle childhood.
4. Give an example of a sensitive period of development. What happens if improper (or lack of) outside influences occur?
5. Describe the two major directions which physical development follows.
6. Explain the pattern followed in development of muscles (motor development). Give examples of activities which can be done by children as they develop large muscle control and small muscle control.
7. What is used by a child for his or her first learning experiences?
8. List several guidelines which should be used by caregivers to help children learn.
9. Give an example of how social development is influenced by and influences mental development. How does physical development affect social development?

10. Explain the role which self-concept (self-image) plays in a child's social development. How can caregivers help children develop positive self-concepts?

11. Explain the four sequences of play. How do these sequences show social development in children?

12. List the most common childhood emotions. Suggest ways for caregivers to help children deal with their emotions and express them in appropriate ways.

12

Chapter Twelve
Physical Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages.(f1B)

OBJECTIVES TO ACHIEVE

- Describe growth patterns in children from infancy to adolescence.
- Explain the development of the nervous system.
- Trace motor development in children of different ages.
- Examine factors affecting physical development in children.

Physical Development of Children

Young children experience many changes in growth and motor development. Physical development takes many forms and is influenced by many factors.

The body's systems mature as well as grow. ***Growth*** refers only to size. ***Maturation*** refers to the ability to function properly. Growth and maturation of the physical systems happen according to the patterns of development discussed in Chapter Eleven.

GROWTH OF CHILDREN

During infancy and toddlerhood, physical changes happen very quickly. The skeletal system, muscular systems, organs, and other systems grow rapidly. At birth, the brain is 20 to 25 percent of its adult size. It grows to about 75 percent of its adult size in two-and-one-half years. Most newborns are between 17 and 21 inches long. By their third birthdays, toddlers are close to half their adult heights. Normal birth weight is about six to eight pounds, but this weight doubles by four months and quadruples by two years.

Between ages three and five, the average child gains around ten pounds and grows six inches. The body loses its "pot-bellied" look as the trunk grows and makes more room for the internal organs. Growth also increases in the legs. Most of the weight gain during this period is due to the growth of muscles, which gain strength as they grow and are used.

Between ages five and seven, children have a brief growth spurt. During this period, a child's height and weight increases and the brain grows. This makes learning and control of behavior much easier and more efficient. Brain maturation during this time allows children to pay closer and longer attention to things. After this growth spurt, there is little or no actual brain growth until children are around 11 or 12 years old.

After the growth spurt between ages five and seven, the height and weight of school-age children continues to change at about the same rate as between ages three and five. They grow two to three inches a year and continue to gain about five pounds each year. By late childhood, girls tend to be about two years ahead of boys their age in physical growth. During the middle childhood years, children gain agility (quickness), balance, speed, and power in their motor abilities. Because growth is fairly slow, they keep their coordination and motor control.

Another growth spurt happens during ***adolescence***. Physical changes occur during this period of rapid growth called ***puberty***. The average age for puberty to begin is age 12 for boys and age 10 for girls. During puberty, individuals experience different physical changes and mature at different rates. It is not unusual for puberty to begin in some boys and girls at earlier ages than the average.

MATURATION OF THE NERVOUS SYSTEM

Much of the fast physical development during infancy and toddlerhood is related to the growth and maturation of the nervous system. It includes the brain, the spinal cord, and nerve cells throughout the body.

The brain and other parts of the nervous system are fairly well developed at birth. Different parts of the nervous system develop at different rates. For example, the nerve cells which control the arms and the upper trunk develop before the nerve cells which control the legs.

Infants are not able to make decisions. The abilities to make decisions and control muscle actions develop gradually over a period of several years. A child becomes able to understand relationships, learn faster, and control actions and behaviors as the nervous system develops.

In the nervous system, information is sent from one nerve cell to another by electrical impulses. Fatty substances which develop around each nerve cell help to move electrical messages. Good nutrition and stimulation influence healthy development of a child's nervous system. With healthy development, a child becomes better prepared to control behavior and interactions.

Children are stimulated when their surroundings offer positive experiences for use of the senses. For young children, activities which involve seeing, touching, smelling, tasting, and/or hearing are especially important. Being exposed to sensitive caregivers also stimulates children.

MOTOR DEVELOPMENT

As described in Chapter Eleven, motor development is the successful control over the movement of different parts of the body. To review, ***gross motor skills*** involve the use of large muscles, such as arm and leg muscles. ***Fine motor skills*** involve the use of small muscles, such as finger muscles.

Gaining control over physical actions is a major task of early childhood. In motor development, two changes take place. First, the brain develops more control over muscle movements. Second, the muscles grow strong enough to move the body parts. Both of these changes depend on practice as well as physical growth.

Principles of Motor Development

Since physical development moves from the head downward, an infant is first able to control head movements. Later, the trunk and legs develop control. A child's body also develops from the center of the body outward. Therefore, a child gains control of the trunk first. Later, arms and legs, hands and feet, and fingers and toes develop control. Children can make big generalized movements before they can make specific, complex motions. Complex movements involve the use of several abilities. For example, to pick up a small object, infants must combine fine motor skills (such as pinching) with gross motor skills (such as moving an arm). These skills develop in a sequence.

Remember that the ***sequence*** (order) of motor development is more important than the ***rate*** (speed) of development. All children develop at different rates. A baby who develops faster than other babies is not necessarily "smarter" than other children. While rates of motor development are different, the sequence stays the same. Usually, the differences in development among children are not great. Sometimes, very different environments may affect development in different children.

Sequence of Motor Development

Children are often classified or grouped by stages of motor control. From the newborn stage until they develop the ability to walk (usually around 15 months old), children are called ***infants***. Children are classified as ***toddlers*** from the time they begin to walk until they are toilet trained (around three years of age). ***Preschool-age*** children (ages three to five years of age) are older than toddlers but younger than school-age children.

Motor Development of Infants

During the first three months of life, an infant is involved in "head" activities. To learn, the infant needs to practice use of vision, hearing, taste, and smell. When stimulated, infants usually turn their heads toward or away from the stimuli. Head movements are usually controlled by the end of the first three months.

When an infant is four to seven months of age, he or she learns to control trunk and arm movements. During this time, the infant begins to roll over and tries to sit. Vision and arm movements are combined, and the infant develops control over reaching. The infant begins to have better use of the hands but still has very little control of fingers.

Motor development is rapid during age six to nine months. Sitting and rolling over are mastered. Objects can be held and manipulated easily. Control over leg movements helps development of ***locomotion*** (the ability to move around) which begins during this period. ***Crawling*** is mastered by pulling and pushing the body across the floor with arms and feet.

During months 9 to 12, greater control over the lower parts of the body is gained. Infants also learn to combine use of motor skills already mastered. They learn to move about by ***creeping*** (keeping the trunk clear of the floor). Later, they pull up from a sitting to a standing position. A later stage involves walking while holding onto something for support.

Motor Development of Toddlers

Around the infant's first birthday, locomotion skills improve. At this time, infants may learn to stand without holding onto anything. This happens shortly before the child's first steps are taken.

Around this time, there is also an important development in fine motor skills. The toddler learns to grasp small objects with thumb and forefinger. Combined with better locomotion, this skill allows the child to explore more parts of the surroundings. Buttons, bugs, and other small objects can be closely inspected. A child must use ***eye-hand coordination*** at this stage. Children often combine such inspections with oral motor skills such as biting, sucking, and swallowing. Because of these new abilities, caregivers must be careful to ***child proof*** any area where toddlers can remove objects that could be dangerous to them.

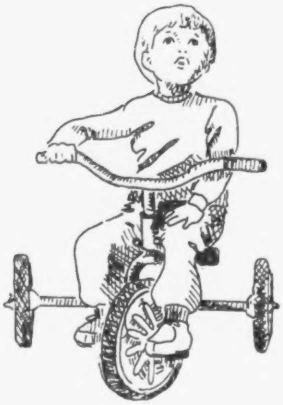
By the middle of the second year (around 18 months of age), a child has developed good walking ability. By this age, children have become skilled at feeding themselves with spoons. Abilities to move and have some control over motor skills change an infant into a toddler.

By age two, toddlers can easily walk backwards and run, due to greater control over feet and toes. They may master walking up stairs. However, when walking, toddlers keep their legs apart in order to keep their balance. Kicking, throwing, and scribbling become common activities. Since children have mastered several gross and fine motor skills, they can develop more ***self-help skills*** (tasks they can do for themselves). Children at this age are able to do simple tasks but need close supervision. As toddlers practice their new skills, caregivers must practice patience and show a sense of humor.

Between the ages of two and three, toddlers begin to control movements well enough to put on some of their clothes. By three, they begin to dress themselves. Between the ages of two-and-a-half and three years, most toddlers gain control over their bladders and bowels. A child at this age can stack or balance blocks and have enough balance to jump in place. At age three, children can pedal tricycles or wheel toys. During this time, a toddler's physical control helps him or her to move into the preschool years.

Motor Development of Preschoolers

Sometimes during the third year, toddlers begin to look less like infants. The control which preschoolers have over many of their physical functions becomes more refined.



Motor skills continue to develop during the preschool years, especially in the hands and feet. Gross motor skills develop as large muscles mature. Children at this age also become better able to control wrist and finger movements as they practice fine motor skills. It is important that children learn to use fine and gross motor skills together during these early childhood years.

Three-year-olds can run, jump, hop, walk on tiptoe, and ride a tricycle. They scribble with large crayons and pencils and cut around shapes with blunt scissors. Most four-year-olds can climb ladders, jungle gyms, and trees. They can cut close to a line with scissors but still need help with a knife to cut meat at meals. Many five-year-olds can use a knife and fork or a pencil with increasing skill and ease of movement. Many can walk heel-to-toe, skip rope, and catch balls. Play is very important in the development of these skills. As children play, they practice, and as they practice, they mature.

Motor Development of School-age Children

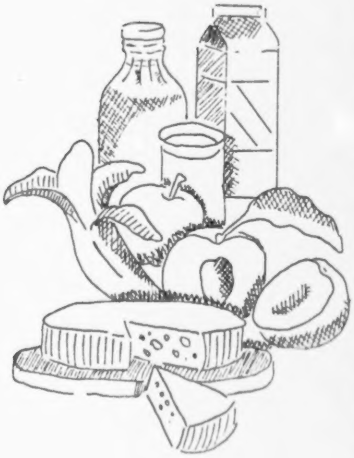
The child's control of motor activities continues to mature during the school-age years. During these middle years, children gain quickness, balance, speed, and power. Because growth is fairly slow during these years, most progress is made in coordination and motor skills.

FACTORS AFFECTING PHYSICAL DEVELOPMENT

Growth and maturation of the physical systems can be affected by many factors early in life. Examples of things which assist healthy development include proper nutrition, good methods of feeding, proper rest, and protection from accidents and disease. When a child is very inactive, listless, or far behind in the development of motor skills, professional help should be sought.

Nutrition

For the first two years of life, poor nutrition can be especially harmful to brain development. Infants and toddlers need the right balance and amounts of calories, proteins, fats, carbohydrates, vitamins, and minerals. Nutrients found in a mother's breast milk and infant formulas are usually well-balanced. If cow's milk is used, it should be used with other foods or supplements rich in iron and vitamin C.



If a mother eats healthful foods, her breast milk has the closest to "perfect" balance of nutrients. However, anything she eats or drinks, from onions to drugs, will affect the baby through her milk. Most baby formulas also provide the right balance of nutrients and are safe when stored and prepared as directed.

During the preschool years, nutrition continues to be important to development in all areas. Preschoolers need more protein per pound of body weight than adults need. Even though preschool children are active, their growth and their need for food slows down. Children should not be forced to eat. If children are healthy and nutritious food is provided, they will naturally eat when their bodies need food.

Children often need a snack to give them enough energy between meals. Snacks should be healthful foods like fruit, juice, cheese, nuts, sandwiches, or milk. High carbohydrate foods with empty calories, such as candy, fill their stomaches but do not meet nutritional needs. It has been found that such foods cause some children to be too active. Such excess activity is usually followed by a time of sleepiness and inattentiveness.

Many children in our society do not receive a nutritious diet. School meal programs and social programs help this situation, but many of these programs are now available only to the very poorest people. When children do not eat properly, physical development, learning, and motivation (intellectual and emotional development) can be seriously harmed.

Method of Feeding Children

The methods used to feed children also affect development. When fed with bottles, babies should be held. (Texas child care licensing standards require that babies fed with bottles be held for feeding until they are six months old or until the baby can hold the bottle.) Bottles should never be propped up into infants' mouths while they are lying in their cribs. This method of feeding increases chances of choking, may harm tooth and mouth development, can lead to ear infections, and prevents babies from being held by caregivers. Physical contact with caregivers is very important to development in infants. Propping baby bottles in cribs also results in forced feedings because no caregiver removes the bottle when the infant shows a need to stop eating.

Newborns drink a small amount of milk about every two hours. As they mature, they eat fewer times but need more at each feeding. Most doctors recommend a flexible feeding schedule for newborns. Infants become uncomfortable and irritable when they get hungry. As they mature, they are able to wait longer periods for food before they become too uncomfortable. As they grow older, infants learn that they can trust caregivers to feed them. They may learn more patience in waiting short periods of time for their food.

Most infants eat soft cereals and strained foods by the middle of the first year. Most doctors recommend that solid foods not be fed before this time because the infant's body cannot digest solid foods. Some experts believe that feeding solid foods too early may lead to allergies later in life. Feedings should be given with a spoon while the infant is sitting in an upright position. As soon as they are able, infants should be allowed to practice feeding themselves.

During the last half of the first year, infants begin to cut teeth. They are unable to chew well until late toddlerhood. Because of this, infants should not be given tough, fibrous or stringy foods or any foods that need to be chewed well. Raw carrots, wieners, and peanuts are leading causes of choking in infants and toddlers.

As growth slows down during the second year, toddlers and preschoolers need less food per pound of body weight. It is normal for them to have a decrease in appetite. Children should not be forced to eat amounts which may be too much for them. Children of all ages should be encouraged to eat nutritious foods and avoid empty calorie foods.

The emotional climate during meals is also important to physical development as well as to social and emotional development. Feeding problems are more likely to develop later if food is forced or denied during the first years.

Rest

Newborns may sleep 20 hours or more each day. By the end of the first year, most infants will sleep 14 to 18 hours per day (10 to 12 hours at night with morning and afternoon naps). The need for sleep changes and levels off in adolescence to seven to eight hours per day.

Preschool children are very active and need adequate rest. Most preschoolers need 10 to 12 hours of sleep at night and a nap during the day. Even when young children do not sleep during nap time, it is best if they lie down and rest. Children are able to relax and rest more easily if caregivers are consistent and follow a set routine for resting and sleeping.

Safety

An important factor affecting physical development in early childhood is accidents. Because young children are curious and active, they may get hurt.

Falls, cuts, scrapes, and burns are common accidents among toddlers and preschoolers. Infants can be smothered by soft pillows and strangled on window shade cords. Caregivers must control the environment as children learn to control their impulses. When young children are busy with play, they often do not remember warnings. Small children are not capable of thinking of several things at the same time because of the limits of their nervous systems. Young children must be supervised when playing, and all medicines and other potentially harmful substances must be kept out of their reach. To insure healthy physical development of children, caregivers must provide safety in the environment without overprotecting children.

Immunizations

Infants and toddlers are especially vulnerable to disease. A mother's breast milk provides a child with ***immunity***, or protection, from many diseases. However, this effect does not last long. Though a mother's breast milk provides some immunity, it is not a substitute for immunizations which are recommended for children.

Many serious childhood diseases can be prevented by injections (shots) or oral immunizations, beginning at about two months of age. As discussed in Chapter Six, some of the diseases that can be prevented through immunization are diphtheria, tetanus, red measles, German measles, polio, whooping cough, and mumps. Since some diseases can be deadly or crippling, immunizations are very important to the health of children.

Childhood Illnesses

Some children suffer from illnesses more often than others. Many young children have frequent upset stomachs and colds. Ear infections are also common since the tubes connecting the ears to the nose and throat are still not fully developed. An ear infection needs immediate attention to prevent serious illness.

Young children usually recover from minor illnesses quickly if cared for properly. Proper rest and good nutrition help prevent illness and help sick children get well faster.

Points To Remember

- Growth and maturation of the physical systems happens according to certain patterns of development. Growth refers only to size. Maturation refers to the ability to function properly.
- Many physical changes take place during infancy and toddlerhood. By their third birthdays, toddlers are close to half their adult heights. Normal birth weight doubles by four months and quadruples by two years.

- The general growth rate slows between ages three and five. Most of the weight gain of this period is due to growth of muscles. The muscles gain strength as they grow and are used.
- A brief growth spurt occurs between ages five and seven. Brain growth is also rapid at this time, making learning and control of behavior much easier and more efficient. Another growth period occurs when puberty begins.
- Healthy development of the nervous system depends on good nutrition and adequate stimulation.
- Adults are able to decide what to do, but infants are not. The ability to decide and to control muscle action and other behaviors develops gradually over a period of several years.
- Motor development is the successful control of movement of different parts of the body.
- Physical skills are divided into two categories: gross motor skills and fine motor skills.
- Physical development during the first three months of an infant's life centers around control of the neck and head.
- From three to seven months of age, motor activities include controlled movements of the trunk and arms. During this period, the infant learns to roll over and sit up. Grasping skills begin to develop as well.
- Physical development centers around locomotion during the last part of the first year. The infant learns to crawl, creep, pull up, and walk by holding onto something. Some infants walk alone by the end of the first year.
- Toddlers learn to go up and down stairs, walk backwards, feed themselves, and help dress themselves.
- Preschoolers have gained voluntary control over many of their physical functions. This control becomes refined during the preschool years.
- Many factors affect physical development. These factors include immunizations, illnesses, rest, nutrition, approach to feeding, and safety.

Words To Know

adolescence
child proof
crawling
creeping
eye-hand coordination
fine motor skills
infants
locomotion
maturation
preschool-age
puberty
rate

gross motor skills
growth
immunity
self-help skills
sequence
toddlers

Questions For Review

1. What physical growth changes occur during each of the following age periods?
   a. birth to age three
   b. age three to age five
   c. age five to age seven
2. List three body organs that are part of the nervous system.
3. How is nervous system information moved in the body?
4. How do activities which require use of the senses help development of the nervous system?
5. Explain the difference between gross motor skills and fine motor skills.
6. Why is it more important to be concerned about the sequence than the rate of a child's physical development?
7. Briefly describe the most important motor development which occurs during stages of:
   a. infancy (birth to age of first walking)
   b. toddlerhood (walking to three years of age)
   c. preschool years (three to six years of age)
   d. school-age years (six to twelve years of age)
8. List and explain five factors in the environment that affect physical development of children.

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Chapter Thirteen Emotional and Social Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages.(f1B)
- Plan ways to assist children in their adjustment to child care.(f2C)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Examine emotional and social development in infants and toddlers.
- Describe emotional and social development in preschoolers.
- Explain emotional and social development in school-age children.

Emotional and Social Development of Children

Helping children with emotional and social development is an important job. During early childhood, children develop basic social relationships and learn certain emotional responses. Influences from a child's surroundings and personality traits affect this area of development greatly.

Emotional development is closely related to the development of self-concept. ***Self-concept*** (or ***self-image***) is how individual children view themselves. A child who feels that he or she is "good" usually has a positive self-concept and shows emotions in healthy ways. A child's self-concept begins in infancy and is affected by how adults meet the infant's needs. Self-concept continues to be influenced during the preschool years.

Social development also begins at birth. It continues through early childhood and beyond. ***Socialization*** is the process through which children learn the cultural values, attitudes, and beliefs of society. Older children and adults who have positive emotional and social development tend to be good-natured, sincere, friendly, and courteous. They try to be fair and considerate with others. In addition, they tend to be consistent, reliable, loyal, honest, and productive.

Emotional and social development are related to all other areas of development. Therefore, children may develop through stages as they do in other areas. In this chapter, the emotional and social development of infants, toddlers, preschoolers, and school-age children is discussed.

EMOTIONAL DEVELOPMENT OF INFANTS AND TODDLERS

Influences present during the first hours, days, and months of a child's life are important to the child's emotional and social development. By toddlerhood, a child shows his or her own patterns of emotional and social behavior.

Every infant has special traits from parents. These ***inherited traits*** cause children to look different. They also influence children to be different emotionally. In addition, a child's surroundings (environment) influence development. Important parts of the emotional development of infants and toddlers include temperament, trust, autonomy, negativism, fears, and consistent care.

Temperament

Some infants accept change easily while others need strict routines. Infants may be easily excited or easygoing, active or passive, hard to soothe or easily comforted. These "personality" traits can influence the care given to the infant. Adults generally enjoy infants who are easy to comfort, but they are less likely to enjoy infants who are hard to soothe. However, infants who are hard to soothe often get more individual attention because of their demands. Caregivers should spend equal time with children in their care.

Trust

Infants must develop a sense of trust in their caregivers. Infants do not see themselves as separate from their caregivers. Therefore, their emotions depend on how caregivers act toward them. Infants begin to develop trust when adults recognize and fill their needs for food, care, and comfort.

Autonomy

As children develop the concept that they are separate from others, they develop a sense of ***autonomy*** (independence). Caregivers of toddlers must allow them to try out new things. However, toddlers need very close supervision since voluntary control over behavior is limited. Toddlers may be brave one minute but shy and dependent the next. Caregivers encourage autonomy through simple activities, such as giving infants finger foods so they can learn to feed themselves.

Negativism

The tendency to say "no" to everything is strong in toddlers. This ***negativism*** is normal and results from their new feelings about themselves (autonomy). Caregivers who understand this should not feel threatened by negative behavior from a child. They understand that children try out their independence. Some negativism can be avoided. Asking, "Do you want to put on your coat?" invites a child to say "no." It is better to ask, "Do you want to put on your hat or coat first?" Avoid offering young children choices which they do not or should not have. Patience and firmness are needed by caregivers when children are in this stage.

Fears

Infants and toddlers may fear being alone and being in the dark. Their natural response is to cry out when afraid. The fear of being left by parents (***separation anxiety***) and the fear of strangers (***stranger anxiety***) may develop around the middle of the first year.

Toddlers around age two often become very fearful when they begin to develop symbolic thought. Since toddlers cannot tell the difference between fantasy and reality, their dreams may seem real. Children should never be teased or punished for their fears. Instead, caregivers should reassure them of their safety.

Consistent Care

A sense of security may be the most important factor for healthy emotional development during infancy and toddlerhood. Much of this security is found in ***consistency of caregiving***. Caregivers should be dependable in meeting children's needs since children need stability.

SOCIAL DEVELOPMENT OF INFANTS AND TODDLERS

Children are social beings from birth. They act on the environment and react to it as well. These actions and reactions are the basis for social relationships and communication. From infancy through toddlerhood, a child's social development is influenced mostly by caregivers. Children form strong attachments to adults who care for them. Responses to children should be sensitive ones. The discipline used by caregivers also influences social development.

Responses of Caregivers

Infants and toddlers need caregivers to be sensitive in responding to their needs. Such responses give children a basic sense of trust. They also form the basis for good communication.

Providing appropriate experiences for children based on their levels of development is important. A caregiver who expects a two-month-old to play with a rattle or a four-month-old to play peek-a-boo may be frustrated when the infant does not respond well. These activities are appropriate when the child is older.

An adult caregiver should learn to view the world from a child's point of view. Infants and young children do not have the mental ability to see another person's point of view. The adult must take the child's point of view if there is to be good communication between them.

Discipline

Infants and toddlers should not be allowed to be undisciplined. As children mature and become a part of the social world, more limits on behavior must be set. ***Discipline*** is not the same as punishment. Discipline means guiding and teaching children to control themselves and to be responsible for their own behavior. For infants and toddlers, the main purpose of rules is to protect children, other people, and property from harm. Young children cannot remember many rules. Rules should be simple and followed consistently.

Attachment

When someone regularly responds to a child's needs, the child develops an attachment to that person. The development of attachments between infants and adults is important. Children who are secure in their attachments are likely to be more curious and willing to explore their surroundings. It is important for caregivers to perform a nurturing role in order for children to form positive attachments.

Remember that both men and women can carry out a variety of roles when caring for children. Fathers, grandfathers, brothers, uncles, male friends, and other male caregivers are all able to nurture an infant by providing loving care and emotional support. Likewise, mothers, grandmothers, sisters, aunts, female friends, and other female caregivers should be involved in the active play and teaching of children. It is most important that all roles involve sensitive responses to the needs of the child.

EMOTIONAL DEVELOPMENT OF PRESCHOOLERS

During the preschool years, emotional changes are important. As preschoolers develop the ability to handle their own feelings, they learn to be better members of society.

Caregivers must balance the need to encourage the preschooler's curiosity and provide appropriate controls. Providing consistent limits helps children learn how to control their behavior. Without limits, young children become very insecure and anxious. The emotional development of preschoolers is discussed in relation to their fears, separation anxiety, language, role taking, self-concept, and gender identity.

Fears

The fears of young children are very real to them. Some fears are good, because they protect the child from danger. Others are hard for adults to understand but to the young child they are serious. By preschool age, children have had scary experiences and have seen or heard of frightening events. They do not know that the world has more limits than their own imaginations. They may wonder why a monster cannot be under the bed if it can be inside their heads. To the young child who is just developing symbolic thought, a dream may seem just as real as reality. Children's fears do not go away when adults tease, punish, or ignore them. Support, encouragement, and showing children that you are not afraid is more likely to help them.

Separation Anxiety

Often seen in infants and toddlers, separation anxiety usually disappears in early childhood. As the child develops trust that the parents will return, the child has less fear of being abandoned. Of course, separation anxiety may return from time to time when the child is undergoing stress or change. Preschoolers find it easier to adapt to new environments and situations than the toddler. However, too much change can cause frustration as well as anxiety.

Language

One skill that helps young children handle stress is the ability to talk about their feelings. As language develops, negative behaviors such as biting, kicking, and hitting often stop. Children learn to use words rather than actions to express their ideas. Caregivers can help children control negative behaviors by giving them words for what they feel. Caregivers can also show children how they use words to get along with other people and express emotions in a positive way.

Role Taking

Preschoolers are better able to consider the needs of other people than younger children are. The ability to take the view of another person begins to develop at this time, but being self-centered is still very strong. Role taking is important in the development of a positive self-concept and a system of beliefs about oneself.

Self-Concept

As children learn to take another person's view, they see themselves through the eyes of the other person. Caregivers, especially parents, have a profound effect on a child's earliest self-concept. When parents tell children they are stupid or bad, children will believe it and then be more likely to act as expected. When they are praised, children's self-concepts and behavior are affected positively.

Gender Identity

Gender identity refers to how children view themselves as boys and girls. This process is affected by social influences in a child's life. When caregivers believe that boys and girls should behave differently, children may learn to see themselves differently. When caregivers think that boys should not show feelings or that girls are better artists, these ideas are passed to children. "Big boys don't cry" is an example statement which might make boys believe that they are not supposed to have feelings. Praising girls for their artwork but not for their running gives the message that girls are supposed to be creative but not physical. Choice of words, tone of voice, facial expressions, and mannerisms can lead children to accept beliefs and ideas which caregivers have. It is important for caregivers to praise boys and girls for all of their strengths and abilities, regardless of the caregivers' feelings about masculine and feminine roles.

SOCIAL DEVELOPMENT OF PRESCHOOLERS

The term ***parenting*** is used to refer to roles of parents. It suggests that the roles of mother and father may not be as different as people have thought in the past. It is no longer enough for a parent to simply be present in the home. Each parent is expected to share feelings and give attention to the parent-child relationship. In addition, other family members and secondary caregivers play important roles in social development.

Parents

The term "parenting" helps us to examine the process of rearing children. Nurturing is always needed from parents because a child must feel cherished, valued, and comforted. However, it becomes necessary to treat a child with firmness sometimes. In rare circumstances, caregivers must even be severe (without being abusive) in treatment of children. Parents need to find a healthy balance between the different values that used to be thought of as "feminine" and "masculine." Both mothers and fathers need to show firm authority, tenderness, and concern.

Parents play an important role in the social development of children. As stated in Chapter Fourteen, nurturing affects the intellectual development of children. The early nurturing and bonding between parents and infants also affects the future relationships which children have. As a child grows older, parents' attitudes, actions, and beliefs influence the child's social development.

Siblings

Other family members affect the social development of the young child. ***Siblings***, or brothers and sisters, play an important role in how children learn to relate to peers. Siblings can also have a big effect on a child's self-concept. There is evidence that siblings can make a difference in a child's mental development. When a child has an older sibling, information about how the world works and how to communicate is passed on to the younger child. When a child is an older sibling, there is a chance to teach the younger sibling. Teaching others is a good way to learn something well.

Extended Family

Extended family members, such as grandparents, aunts, and uncles, can provide important roles in social development. They can provide young children with more attention and experiences than parents alone can. They can also have a positive effect on a child's developing self-concept. This outside influence may be most important in cases where a parent affects a child's self-image in a negative way.

Peers

Peers are also an important part of the young child's life. Interaction with peers allows children to learn valuable social skills. It also expands their world so that mental development increases. Through play with other children, preschoolers begin to understand the world and where they belong in it. During this period, true social relationships with peers begin as children learn to share and take turns.

Secondary Caregivers

Child caregivers can play a major role in the social development of children enrolled in child care. Caregivers have the chance to influence children's interactions with peers in a group setting. They can teach preschoolers to help, comfort, and share with playmates. These lessons help children learn to treat each other as people rather than objects.

EMOTIONAL DEVELOPMENT OF SCHOOL-AGE CHILDREN AND ADOLESCENTS

Emotional and social factors play an important role in physical development during the school years. Physical development also has important effects on emotions and social interactions. Through these stages, emotional, social, mental, and physical factors of development affect each other. As children grow older, these relationships become even more complicated.

When children learn to control themselves physically and have good social interactions, positive emotional development usually occurs. A good feeling about physical and social development leads to a child having a positive self-image. Today, there are more after-school child care programs for school-age children. Through these programs, caregivers have chances to help school-age children develop positive self-images.

When children are young, they are likely to be afraid of people and things they do not understand, like death. They are unable to think in an abstract way about what it means to die. A child may even think a person's death is his or her fault. In general, children in unstable family situations tend to be more insecure and fearful.

At age 11 or 12, children develop the ability to use abstract thinking. Usually, the first thing they think about is themselves. They start understanding that others have thoughts about their thoughts. They may work hard to keep others from knowing that they are thinking. This leads to a self-centered fear of what others think of them. Fears of bodily injury are also common at this age.

During the preteen years, physical and mental changes cause children to become more aware of and self-conscious about their bodies. Their self-images begin to be affected by physical signs of maturation. They may feel that they are maturing too early or too late. There is a wide range of differences in development among children at this stage. Therefore, at the beginning of puberty, children are often not sure if their experiences are normal or not. At the same time, changes in hormones in the body sometimes cause emotions to be out of control. Due to these physical and emotional changes, children may have mood changes which they and their parents do not understand.

SOCIAL DEVELOPMENT OF SCHOOL-AGE CHILDREN AND ADOLESCENTS

Social development is an important part of the school-age child's development. Preschoolers have friendships, but they are usually on a short-term basis. However, school-age children develop more lasting friendships. They also develop networks of friends. In later childhood, these networks may turn into cliques or crowds.

During grade school, children usually form groups with children of the same sex. These relationships are important for children to develop healthy social relationships later during adolescence. At this age, children start identifying more with boy and girl differences. Caregivers should encourage them to develop both the "masculine" and "feminine" parts of their personalities. All children should be encouraged to reach their full potentials as human beings. Otherwise, children's interests and abilities may be limited because of stereotyped ideas caregivers may have. During late middle childhood, a boy or girl may pick an older child of the same sex as a model for their behavior.

Middle childhood is also a time of gaining skill in social situations. Learning the rules of society is important to social development. Learning to understand the actions of another person or to take his or her point of view is an important social skill. These abilities all relate to each other and to developing a positive self-concept.

Points To Remember

- Emotional development is closely related to how individual children view themselves. This view of oneself is called self-concept or self-image.
- Development of self-concept begins in infancy and is affected by how adults meet the child's needs. Important parts of emotional development of infants and toddlers include temperament, trust, autonomy, negativism, fears, and consistent care.
- The actions and reactions of children with their environment provides a basis for social relationships and communication.
- Social development from infancy through toddlerhood is influenced by sensitive response and a caregiver's ability to see a situation through the child's perspective. Attachment to a caregiver, fair and consistent enforcing of discipline by caregivers, and guidance of behavior also contribute to a child's social development.
- Discipline means guiding and teaching children to control themselves.
- The emotional development of preschoolers can be seen in relation to their fears, separation anxiety, language, role taking, self-concept, and gender identity.
- Caregivers must learn a balance between encouraging preschoolers' curiosity and providing controls for their behavior.
- Family members, peers, and secondary caregivers all play an important role in the social development of preschoolers.
- The term "parenting" refers to the roles of parents. If two parents are in the home, it is best for them to share the responsibility of caring for and giving attention to their children.
- Behaviors such as helping, comforting, and giving to others begin to develop in the preschool years.
- During the school-age years, children gain confidence in physical control and in the ability to participate successfully in social interactions.

- Self-concept in school-age children may be affected by the outward signs of physical maturation and the ability to begin to think in an abstract way.

Words To Know

autonomy
consistency of caregiving
discipline
extended family
gender identity
inherited traits
negativism
parenting
self-concept (self-image)
separation anxiety
siblings
socialization
stranger anxiety

Questions For Review

1. Name the characteristics of an adult or older child which show that the person has positive emotional and social development.
2. What two influences interact to form the child's foundation for emotional reactions and social relationships?
3. How may a child's temperament affect the amount of care he or she is given?
4. How can caregivers encourage autonomy in infants and toddlers? What characteristics of infants and toddlers limit the amount of independence they can handle successfully?
5. Explain negativism. How should a caregiver respond to this trait in a young child?
6. Why is consistency of caregiving important?
7. Why is it important for caregivers to respond in a sensitive way to infants and toddlers? How should a child's level of development affect the responses which caregivers use with infants and toddlers?
8. Define discipline. What is the main purpose of having rules for infants and toddlers?
9. How can a caregiver help preschoolers cope with their fears?
10. How can a caregiver help preschoolers control negative behaviors?
11. Give an example of how a caregiver's attitude about gender identity could have a negative effect on children.
12. Who is important in a preschooler's social development? Give one example of the importance of each person or group of people to the child's development.

13. What physical factors may affect the self-concept of a school-age child?

14. What mental changes happen in the school-age child? At what age do these changes usually occur?

15. Explain the difference between preschooler's friendships and the friendships of school-age children. How do friendships change when the child reaches adolescence?

16. When a child has developed well socially, what kinds of skills has he or she learned?

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Chapter Fourteen
Mental/Intellectual Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages.(f1B)

OBJECTIVES TO ACHIEVE

- Explain the use of different evaluation methods for measurement of intelligence.
- Explain how studies of deprived infants have helped caregivers know more about mental/intellectual development.
- Describe mental/intellectual development of infants and young toddlers (the sensorimotor period).
- Describe mental/intellectual development of preschool-age children (the preoperational period).
- Describe mental/intellectual development in school-age children (the concrete operations period) and in adolescence (the formal operations period).

Mental Development in Children

Many concepts about children's mental/intellectual development are not known. However, through studying children, many concepts have been learned which can help caregivers encourage healthy mental/intellectual development in children. Some of the questions which are still unanswered are as follows:

- What effect does socioeconomic status have on mental/intellectual development? How can the differences be avoided?
- Can infants "learn?" Does a person have to be able to read and write to learn?
- Can three-year-olds learn to read? If so, should they?

- Can the care given to an infant affect the child's later success in school? If so, why and how?
- Is play important to mental/intellectual development? If so, why and how?

Many of these questions still cannot be answered. However, they do help us become more aware of mental/intellectual development in young children. These questions should help child caregivers be aware of the possible potential of the children with whom they work. Caregivers play important roles in helping children reach their full mental potential.

INTELLIGENCE

The dictionary defines ***intelligence*** as "capacity for reasoning, understanding, and for similar forms of mental activity." An intelligent person has "quickness of understanding, sound thought, and good judgment." The word ***cognition*** means "to know." Intellectual development, mental development, and cognitive development have the same basic meaning.

Intellectual ability cannot be seen in a person like physical development can. However, it can be measured by evaluating a child's ability to perform certain activities. For tests of mental ability to be accurate, they should only be conducted and interpreted by experts who are trained in testing. Even then, the results should be used carefully. Under the best conditions, test results can be misinterpreted. They can also be used in an incorrect way by teachers who find it easier to group students as "bright" or "slow" rather than spending the time to find out their true abilities.

Most of the evaluation of intelligence of school-age children is done through standardized testing in the public schools. The best known of these are the ***IQ tests***, or intelligence quotient tests. These measure the relationship of mental age (as determined by the test) to ***chronological age*** (actual age in years). However, it has been found that IQ tests are often written so that white, middle-class children understand them better. When this is true, the tests are considered to be culturally biased. As a result, other ways of testing children's mental development may need to be used in order to be fair to children from different cultures.

Tests of mental ability have also been used with young children, including infants. Since a child's first learning happens through the senses, these tests attempt to evaluate ***sensory perception*** (use of sight, sound, smell, taste, and touch).

All tests should be considered just one way of measuring mental ability. Remember that children, especially young children, develop physically at different rates. There are also differences in the ages at which children reach certain stages of mental development. Therefore, tests of mental development should be used with caution.

STUDIES OF DEPRIVED INFANTS

A dramatic study in the 1940s shows how important the infant's surroundings are to mental development. The development of two groups of infants in their "natural" environments was studied.

Infants in the first group were reared in an orphanage for children whose mothers could not support them. During the first year of their lives, these infants were kept in cribs with sheets draped on the sides and ends. The only contact the infants had with adults was during feeding and diapering. These activities usually took place in the cribs and the "caregivers" rarely spoke to the infants. However, all of the infants' physical needs were met. They were fed well, kept clean, and kept comfortably warm.

Infants in the second group were babies of delinquent girls who were in prison. The infants were reared in a nursery in the prison. All of the infants' physical needs were met. In addition, the nursery had toys for the children to manipulate, and they could see beyond their cribs. It was most important that they had care from and interaction with their own mothers or full-time mother substitutes.

Infants reared in the deprived orphanage atmosphere did not learn to roll over or even to coo by the end of the first year. Follow-up studies showed that many of them did not learn to walk or talk until they were four or five years old. Many of them were mentally retarded. On the other hand, infants reared in the prison nursery developed normally.

Other studies have shown similar results with infants reared in extremely deprived early environments. It seems clear that depriving children of nurturing care during the first year of life will slow down mental development. This is a crucial time because the child's brain is developing physically. These studies also show that having contact with a loving adult in a regular relationship is very important to all areas of development.

STAGES OF INTELLECTUAL DEVELOPMENT

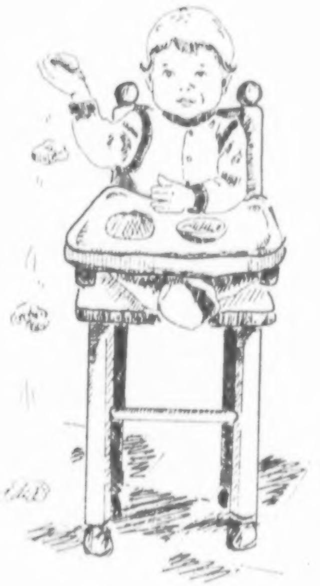
No one theory of development has all of the answers about mental development in young children. However, one expert, Jean Piaget, formed a theory which explains how children go through stages of cognitive development. This theory is emphasized in this chapter.

Sensorimotor Stage (Birth to about two years)

During infancy and early toddlerhood, intellectual (cognitive) development is directly tied to physical development. In fact, children practice using intelligence when they learn to coordinate their motor skills and their senses. Thoughts result from motor activity. The early stage of mental development is called ***sensorimotor intelligence.***

During the sensorimotor stage, an infant's understanding of the world is based on what the infant can see and act upon at the moment. For this reason, teachers should provide sensory experiences for infants and young toddlers. ***Sensory experiences*** make use of things that can be seen, heard, touched, smelled, or tasted.

Three stages within the sensorimotor period are circular reactions, object permanence, and symbolic thought. Language development also begins during this stage.



Circular reactions – Infants learn through ***circular reactions***. These are actions made by accident or by reflex. When these actions are noticed, they are repeated, especially if they are pleasant or interesting. For example, when spilled food makes an interesting splat on the floor, the curious infant may spill more food to see the splat again. Over time, these actions have more purpose. The infant may try to find out if dropping food with a hand makes a different splat than dropping food with a spoon.

Object Permanence – Young infants do not know that an object exists if they cannot see, feel, hear, smell, or taste it. Later, as memory abilities improve, infants begin to develop ***object permanence***. This ability helps them to understand that objects, such as toys or people, are permanent. Hiding games, such as peek-a-boo, become more fun as infants begin to search for disappearing objects. By age two, the concept of the permanent object is usually fully developed.

Symbolic Thought – The beginning of symbolic thought occurs during the last part of the sensorimotor period. At this time, children begin to separate reality from imagination. As a result, toddlers start imitating things which are no longer present. They also begin to pretend one object is something else. During this period, children begin to use symbols (words) to represent ideas.

Language Development – Language is both a social and a mental skill and also involves physical development. At birth, the speech area on the left side of the brain is well developed, making infants physically ready to hear and respond to human language. Development of language involves learning to understand what others say and learning to talk to others.

Infants can tell the difference between sounds and are calmed more by human voices than other sounds. By the third month, infants smile and coo when they hear a gentle, friendly voice. They cry and withdraw when the voice is harsh and loud. By the middle of the first year, they are aware of little differences in the tone of voice used with questions, statements, and exclamations. Of course, infants at this age still do not know what the various tones of voice mean.

By the end of the first year, infants are aware that words are connected to objects and actions. They can obey very simple commands, such as "come to

Mother." They can also recognize their names and other familiar words. During the next six months, they can obey more complex demands, such as, "Give Grandad the rock." By 18 months of age, young toddlers can point to pictures of familiar objects and parts of their own bodies. They enjoy hearing simple books read aloud.

Learning to talk begins with the cries of newborns. A baby's first cries carry no special information for caregivers. In other words, a newborn baby cries the same way when hungry, wet, in pain, or when needing any kind of attention. In one month, a baby develops different cries to show different needs. Cries of hunger begin to sound different from cries of pain.

Around two months, as their vocal cords mature, infants begin to ***coo*** (produce very simple vowel sounds). By six months, ***babbling*** appears as infants repeat consonants and vowels (bababa, mamama, dadada, etc.). At this stage, infants are stimulated by their own voice. It is important for caregivers to respond to the sounds of infants. During the last half of the first year, infants begin to imitate words they hear.

Around their first birthdays, infants begin to try to communicate. At first, they use only one or two words to stand for the meaning of a series of words. For example, "out" may mean "I want to go outside" or it may mean "get out." This type of speech uses only the words needed to give the idea of a whole sentence. During this period, caregivers tend to learn what children mean by listening carefully.

Like other areas of development, language requires experience in order for the infant to mature.Talking to infants and toddlers helps with their language development. It is important for caregivers to listen carefully when young children try to communicate. Children who are ignored may develop language problems as well as emotional and social problems.

Preoperational Stage (About two to seven years)

During the ***preoperational stage*** of development, children have serious limits on their abilities to think in a logical way. The limits have to do with identities, functions, memory, centration, egocentrism, processes, and language. These limits are overcome gradually over a period of several years.

Identities and Functions – During the preschool years, children develop an understanding of ***identities***. Identities help a child understand that something is the same even though its appearance changes. For example, Rachel is still Rachel, even when she dresses like a ghost for Halloween. In a very general way, preschoolers also come to understand ***functions***. Functions show the basic relationship between two events. For example, when the switch is flipped, the lights go on.

Neither identities or functions are fully understood at the start of the preoperational period. Young children must mature and experience identities and functions before they fully understand them. Until then, young children may be fearful of familiar things which look different. They may think that two events are related when they really are not.

Memory – During the preoperational period, the child's ability to remember is not perfect, but it is improving. Most children in this stage do not use any strategies for helping their memory. They may not be able to remember today the rules they knew yesterday.

Centration – Centration is another limit on the ability of young children to think. ***Centration*** means that a child is not able to focus on more than one part of a situation at a time. For example, young children can group blocks according to size, shape, or color. However, they cannot classify by all three things at the same time. Miguel may be able to group all of the square blue blocks and all of the square red blocks according to color. He may not be able to understand that all of the square blocks are the same shape if they are different colors.

Egocentrism – Egocentrism is related to centration. ***Egocentrism*** means that a child is not able to focus on any other viewpoint except his or hers. Egocentrism causes children to think about the world in relation only to themselves and their activities in it. This does not mean that they are selfish. It simply means that they do not understand that some happenings have nothing to do with them. It also means that they have trouble thinking about how someone else would see things. For example, Sharla, at age four, may tell you that the moon and stars go to sleep when she goes to sleep. She thinks that when she goes to sleep, everything and everyone else does too.

Processes – A ***process*** is a series of steps or actions which lead to completing a task. Young children have trouble thinking through such processes. For example, Mary may know how to walk from her house to her kindergarten. However, she may not be able to draw a map which shows how she walks to school. She does not have the "big picture" or overview of how she travels although she can find her way.

Young children also do not understand explanations about processes, especially if the processes are abstract (existing only as an idea). To understand, children need things described in terms of what they have seen, touched, smelled, heard, or tasted.

Language – Preschoolers love to talk and listen. They will sit for long periods of time and listen to someone read to them, especially if they can look at the pictures in the book and talk back. During the preoperational period, the number of words children understand increases greatly. They also learn to use more words when they are talking. Children's vocabulary may increase from about 500 to 2,500 words. They also learn to use better grammar during this period. By age six, most children use correct grammar and use more complex sentences. Of course, children tend to have more fully developed language skills when adults talk to, read to, and listen to them.

The thinking skills and limitations described above have several meanings. First, all preschoolers have some language limitations. They may speak well in short sentences about real-life objects. However, they may have trouble expressing emotions, such as how they feel when they are sad. Second, young children cannot consider several things at once. They can understand categories of things but not subcategories.

Young children also have trouble understanding how and why things change. They may become frightened when change happens. Due to their egocentrism, they may believe that they have caused things such as divorce or death. Only careful, simple explanations can help children begin to understand that they did not cause these and other events.

Because young children have trouble separating fantasies or dreams from reality, they are often accused of lying. In these situations, they probably are not lying on purpose. They should be helped to understand the difference between fantasy and reality rather than be punished for telling a lie.

During early childhood, children do not consider outcomes when judging right and wrong. To young children, what is important is if a person gets caught doing something wrong. For these reasons, immediate punishment (such as time-out from the sandbox) means more to them than long-term punishment (such as forbidding the child to play in the sandbox for the rest of the week).

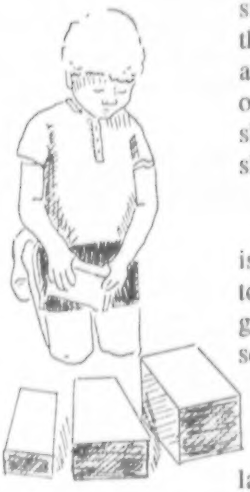
Good judgment develops with age, as does practice in seeing things from others' viewpoints. Role playing during dramatic play helps young children develop these skills. In role playing, children feel safe to act out various roles. For example, children may develop an understanding of what their father does at work by playing grocery store clerk. Through role-play, children are also able to explore which "jobs" they like. Children are also helped when caregivers watch their dramatic play and point out the thoughts and feelings of the children.

Concrete Operational Stage (About seven to twelve years)

Middle childhood (school-age) is the time when children can think in a logical way and solve problems mentally. This stage of mental development is called the ***concrete operational stage.*** During this stage, children learn to understand more complex logic, language, and moral concepts.

Logic Skills – The ability to reason and make sound judgments develops gradually over a long period of time. Some of the new "concrete operations" of school-age children are classification, conservation, and seriation.

Classification means that children are able to move beyond simply grouping objects. They begin to understand relationships between objects. For example, Miguel may now be able to group all square blocks regardless of their size or color. It always helps if children can see the objects.



Because school-age children can focus on more than one aspect of a situation, they learn to conserve. To ***conserve*** means to understand that even though one property (such as shape) of an object changes, other properties (such as weight and volume) stay the same. For example, a child in the concrete operations stage will know that orange juice poured from a wide glass into a skinny glass is still the same amount of juice, even though it looks "taller" in the skinny glass.

Seriation is the ability to put things into an order. One way this skill is used is to arrange objects from smallest to largest. Seriation is a skill children need to have before they can think in a logical way. It helps them understand numbers, groups of people, and even themselves in relation to other people. Using seriation, Miguel can put all square blocks in order from smallest to largest.

Language – After age five or six, children can speak and understand language as it is used by the average adult. They learn to use more correct grammar. However, this process takes several years. During the school years, children may have some problems with the correct use of certain types of words. During the middle years, the most important language task involves learning to read and write. Much class time in school is devoted to these activities.

Children who have problems with reading may need special help. Most vision problems in children at this age can be easily corrected. Some children may have a special problem called ***dyslexia.*** This condition causes a person to see letters or words backwards. For example, a person with dyslexia may see a "d" as a "b." When it is discovered that a child has dyslexia, parents should seek professional help for the child.

School-age children may need to learn phonics (sounds of letters and letter combinations) if they have not already done so. Others may simply need some extra practice at home or after school where they can read about things which interest them.

Moral Development – Good judgment is a social concern. However, a child can develop moral ideas only when he or she is able to think and make judgments. Society expects children in middle childhood to know the difference between right and wrong. By age seven, most children have entered the concrete operational stage of mental development. This growth helps these children to begin to understand the rules of society as well as the rules of games.

Formal Operations Stage (About eleven to fifteen years)

Mental abilities undergo another major change around the time of puberty. The beginning of ***formal operations*** happens when there is another growth spurt of the brain. As a result of brain growth, there is increased brain activity. The periods of rapid growth happen between 10 and 12 years and then again between 14 and 16 years.

Around 11 or 12 years, children begin to think in abstract terms. Concrete thinkers can only think about things which exist. Formal thinkers can imagine all the things that might be.

Points To Remember

- Positive mental/intellectual development leads to quickness of understanding, sound thought, and good judgment. Cognition means "to know."
- Most evaluation of children's mental/intellectual development is done through standardized testing. IQ tests measure mental age against chronological age. Results of IQ tests should be used carefully to prevent wrong interpretations of test scores.
- Studies show that depriving infants of loving contact in the first year of life will slow down mental development if not corrected quickly.
- Intellectual development in infants and toddlers is directly tied to the coordination of motor skills and use of the senses. Piaget called this stage the sensorimotor period.
- During the sensorimotor stage, children learn through circular reactions, understanding object permanence, symbolic thought, and language development.
- Early language development in infants includes understanding different tones of voice and developing different cries to communicate different needs, such as pain or hunger.
- During the preoperational stage, preschool children develop an understanding of identities and simple functions. Their vocabulary increases and their grammar improves.
- Limitations of children in the preoperational period include a lack of memory, being unable to focus on more than one idea, egocentrism, and being unable to understand processes.
- Middle childhood marks the child's ability to think logically, classify and understand the relationship between objects, focus on more than one aspect of a situation, put things into serial order, read and write language, and develop good judgment. The stage during this period is called the concrete operational stage.
- Most children enter the concrete operational stage by age seven. During this stage, children learn the difference between right and wrong and can learn to be responsible for their own actions.

- By age 11, most children have entered the stage of formal operations. During this stage, children experience another spurt of brain growth and increased brain activity. As a result, children learn to think abstractly.

Words To Know

babbling
centration
chronological age
circular reactions
classification
cognition
concrete operational stage
conserve
coo
dyslexia
egocentrism
formal operations
functions
identities
intelligence
IQ tests
object permanence
preoperational stage
process
sensory experiences
sensory perception
sensorimotor intelligence
seriation

Questions For Review

1. Why is it unwise to interpret intelligence tests too strictly?
2. What were the effects on the children in the 1940s study of infants? What conclusions can be drawn from these results?
3. List and briefly describe Piaget's four stages of intellectual development.
4. Explain why the age group from birth to two years is called the "sensorimotor stage."
5. Describe how children develop language skills as early as infancy.
6. What ideas do identities and functions help children to understand during the preoperational period?
7. How does egocentrism in a young child relate to centration?
8. Explain the concept of conservation in the concrete operations stage.
9. What language developments occur in the concrete operations stage?
10. What is dyslexia?
11. Explain the difference between concrete thinking and formal thinking.

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Chapter Fifteen
Teaching Strategies

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Apply classroom management and program planning techniques.(f4E)
- Apply techniques for learning activities of children.(f4C)

OBJECTIVES TO ACHIEVE

- Explain how learning centers are used as a teaching strategy.
- Outline various types of indoor and outdoor learning centers.
- Relate the use of various learning centers to the physical, emotional, social, and mental/intellectual development of children.
- Describe ways to use field trips and other activities as valuable teaching strategies.

Teaching Strategies

Teaching strategies are the methods and activities that caregivers use in caring for young children. Positive teaching strategies promote the physical, emotional, social, and cognitive development of children. The strategies teachers use are as different and varied as teachers' personalities.

The daily routines of child care allow many chances for "teachable moments." ***Teachable moments*** are times when children are so interested in something that they give it their complete attention. These times often seem to happen by chance. They can result from seeing such things as a fallen bird's nest, eggs hatching, or a science experiment.

Daily routines include such activities as arrival and departure time, meal and snack time, nap time, toileting, handwashing, outdoor play time, and transitions between activities. Caregiver skills should include teaching strategies for wise use of these times.

Some teachers may use learning centers which allow children to choose activities they enjoy. Children direct their own learning and activities in these centers. Other teachers may prefer having group activities that are led by the teacher. In order for child caregivers to become familiar with different strategies, this chapter reviews different kinds of activities. The information emphasizes the learning center approach.

LEARNING CENTERS

Learning centers are spaces set aside for different activities. At learning centers, things which are commonly used together are grouped together for convenience. Both indoor and outdoor learning centers should be planned.

A learning center can be set up in different places. A learning center can be created with a tray, at a table, in a corner of a room, or any other place where a child can do an activity. The activity can range from sitting alone reading to joining others in dramatic play. Most centers have room for one to five children. Some centers have a choice of many activities. In other centers, only one activity is available at a time.

When learning centers are equipped and arranged, caregivers should have specific goals in mind. Children often use the materials in a center in ways that the caregiver did not plan. For example, a teacher may set out headphones for a language arts reading activity. Children might use the headphones to play astronaut or police officer instead. When caregivers see that a learning center is not reaching its goals, the learning center can be changed for use at another time. A different approach can then be used to motivate children in the desired direction.

INDOOR LEARNING CENTERS

Indoor activity areas can be divided many ways. It is common to have learning centers for art, blocks, computer, science, dramatic play, language arts, manipulative play, math, music, quiet time, and woodworking activities.

Art Learning Center

Art activities help children to be creative and to have original thoughts. Through art activities, children learn to put their thoughts into a form which can be seen. They develop muscle coordination, expand their imaginations, and develop confidence in themselves. Good work habits can be encouraged through art also. For example, children can learn to finish what they start. Through art, children explore physical properties of materials, such as textures, colors, patterns, sizes, and shapes. Through this exploration, they improve their abilities to use their senses also.

Art materials include standard art supplies such as clay, play dough, paper, paint, wood, plastic, paste, pipe cleaners, chalk, water colors, and crayons. A creative caregiver will also find many other interesting and unusual materials for children to use. These may include yarn, string, ribbon, feathers, spools, scraps of wood, and ice cream sticks. Of course, art materials must be safe for the children who use them. Well organized storage of art supplies also encourages use of the art center.

If possible, the art area should be near a sink with running water. Having the art center on a type of floor which can be easily cleaned is helpful. Tables, labeled child-sized storage, and adequate space are needed also. Painting, finger painting, creating sculptures, doing hand crafts, making collages, and using modeling clay are examples of activities which can be planned for the art center.

Children can be more creative when they have a choice of several art supplies. Children should not be rushed or forced to do art in a certain manner. Corrections and demonstrations should be avoided if possible. Caregivers can show children good examples of artwork once in awhile to help them learn to appreciate art.

It is important for caregivers to understand children's ability levels. For example, a two-year-old child might paint or draw scribbles in only one small area of a large class painting. A three or four-year-old might paint shapes and designs in a larger area. A five or six-year-old would probably spend more time and draw things which can be recognized. Being aware of the developmental level of each child is important so proper materials and help can be given.

For young children, the process of doing artwork is more important than the finished product. What a child does with a paint brush and paint may not represent anything to the child. The child may simply enjoy trying out the process. To ask Wesley what he is painting may leave him with a sense of failure if he is painting nothing in particular. It might be better to say, "I like your bright yellow color" or "Wesley, would you tell me about your painting?" These comments show that you are interested and allow the child a choice of talking or not talking about the art activity.

In all learning centers, clean-up and pick-up tasks are important parts of the learning which takes place. Especially in the art center, caregivers should allow plenty of time for children to do these jobs without feeling rushed.

Block Learning Center

Block play is a very important activity for young children. Unit blocks are important tools in providing physical, emotional, social, and intellectual growth. Through block activities, children learn to classify shapes and sizes. They develop eye-hand coordination, learn to make decisions, and learn to solve problems. In group work, they learn to cooperate with other children, develop language skills, and can develop good work habits. Learning to complete a task is another important result of children's play with blocks. Using blocks can also help children become aware of related sizes and fractions.

The block area should be located out of the main traffic area. A child-sized table with a smooth mar-proof top, adequate floor space, and appropriate storage are necessary for the block area. A flat carpet on the floor helps to reduce noise.

Blocks come in a variety of shapes, sizes, and colors. Block sets come in unit sizes (whole, one-half, one-third, and one-fourth sizes). They can be purchased in plastic, natural wood grain, or painted wood. Blocks that are safe for children to use are sturdy and have smooth rounded edges. It is very important for blocks to have a toxic-free finish to prevent children from being poisoned when handling or putting their mouths on the blocks.

The age of the children determines the space and equipment needs for the block area. Two-year-olds enjoy building simple structures and knocking them down. Remember that the process is more important than the end product. Three and four-year-olds build more complicated structures alone. For older preschoolers, the area should have space to create a whole city (farm, zoo, or factory) by connecting structures made by more than one child. An arrangement which allows projects to be left for more than one day helps five or six-year-olds to build elaborate cities.

Toys scaled to the size of blocks, such as airplanes, cars, animals, boats, farm equipment, people, signs, trains, and trucks, may be stored for use in the block area. These toys help children use their imaginations when playing with blocks.

Large building blocks can be placed next to the dramatic play center. Children can use these to build housekeeping and office equipment when they "dress-up" in costumes.

Computer Learning Center

Computers are now being sold which are made to be used by young children. Computer hardware and software can be expensive for a child care center to buy. However, more and more parents search for child care centers which have computers when they choose child care for their young children.

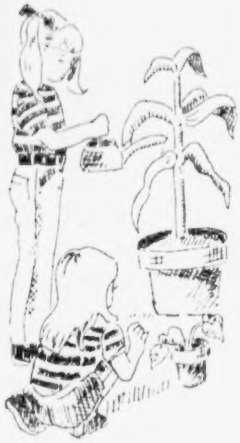
Computers can be located in one center, or individual computers can be set up in different learning centers. Computer programs can provide children with good learning experiences, especially in language arts, math, and science. It is important to consider the level of difficulty of the computer programs and the level of development of children using them. There are excellent programs available for all levels.

Science Learning Center

A well planned science center excites children's curiosity. Science centers allow children to experiment, test, solve problems, and learn about nature. The science center may be called the discovery center. Through it, children can discover facts about animals, plants, seeds, rocks, and other things in the natural world. As a result, children can develop respect for their natural surroundings. Understanding physical properties and natural forces, such as weather, light, heat, gravity, air, machines, space, and sound, is another advantage of the science center. Learning the need for conservation of resources can begin in a science center for young children.

As in all learning centers, the materials and equipment used in the science learning center must be safe and right for the ages of the children. Equipment often used includes scales, rulers, magnifying glasses, magnets, flashlights, telescopes, compasses, and measuring tools. Typical materials used include plants, flowers, seeds, sand, soil, water, grains, pebbles, rocks, leaves, live fish, and insects.

As noted before, children should be allowed to discover things for themselves when using the science center. In addition, caregivers should plan enough activities to provide more than only learning which happens by accident. Adults may tend to structure or control science experiences too much. Avoid answering questions before children have a chance to explore and search for themselves. When planning a science activity for children, a caregiver should expect different responses from children with different levels of development. A two-year-old might simply watch an experiment while a three or four-year-old might be able to describe what was done. Five-year-olds could be encouraged to describe the process and results of the experiment.



There are many fun things which can be done in a science center. The creative caregiver will give children many chances for discovery learning. Children enjoy such simple activities as playing with water and sand. Through water and sand play, children can learn about pouring, sinking, floating, and weighing. Seed planting followed by watering and care of a growing plant reveals some of the secrets about plant life and the growth process. Care of plants and animals gives children a sense of responsibility. Nature provides an unlimited supply of materials and processes about which children can learn.

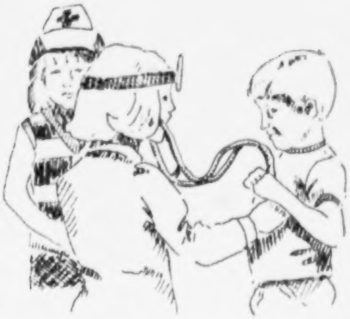
Cooking provides great opportunities for children to learn science concepts. Through cooking, children can organize, measure, count, weigh, pour, mix, shake, smell, touch, and clean. All of these experiences add to the child's information about the world. Physical processes become familiar as children have firsthand experiences with boiling, steaming, freezing, and thawing. Words like sweet, sour, bitter, and salty have meaning when children use them to describe the foods they taste.

A science center allows children to move gradually between quiet and noisy learning centers. A table or counter space at which three or four children can work should be available. There should also be storage and space to exhibit science work. Exhibits should be changed often. One week the exhibit might be shells or seeds. The next week it might be an insect collection. Interesting exhibits attract children's natural curiosity.

Dramatic Play Learning Center

The dramatic play center allows children to act out roles that they observe others play in society. This center helps children to coordinate many roles (adult, child, father, mother, baby, brother, sister, cousin, grandparent, friend, caregiver, employer, employee, customer, guest, etc.). Children often use the dramatic play center to practice roles they see in the home with their families.

Through play in the dramatic play center, children create their roles in society in situations which include the following:



- family life
- career choices
- life styles of work and play
- relationship between work and home life
- family and other interpersonal relationships
- knowledge about other countries, cultures, and customs
- understanding the differences in people
- solving interpersonal problems
- community helpers
- means of communication and cooperation

The dramatic center might include the following role settings: home, factory, office, fire station, police station, library, grocery store, restaurant, barber or beauty shop, post office, doctor's office, dentist's office, and hospital. Materials and props, such as real life clothing, uniforms, supplies, equipment, and accessories for a variety of roles and role settings, can be kept on hand. These will allow children to transform the space and the larger props to fit their imaginations for the day. A full-length mirror mounted at children's eye level is needed for the dramatic play center.

Children should be free to dramatize and express themselves in ways that are natural to them. Children express their thoughts and feelings about family members and about themselves as they act out roles. Dress-up is a favorite activity as children choose boots, hats, purses, brief cases, and other props and clothing to show the roles they play. A two-year-old may be involved in dress-up dramatic play by exploring different props. A three or four-year-old might imitate actual roles such as mother, father, baby, cousin, or delivery person. Around five years of age, children begin to play roles by using props and cooperating with several other children.

The following is a partial list of opportunities for learning during dramatic play:

- **Spatial relationships –** stacking dishes in the cabinet, arranging furniture, handling clothes on racks, lining up pots and pans on the wall, arranging food items in the refrigerator, setting the table
- **Classification –** sorting kitchen tools and utensils and storing in their proper places, separating food items by place of storage (cabinet, refrigerator, freezer)

- **Seriation** – storing, hanging, or stacking sets of measuring and cooking utensils in order by size
- **Eye-hand coordination** – ironing, mixing, kneading bread, sweeping, making beds
- **Interaction** – sharing household work, practicing courtesy and respect, helping others

The dramatic play center is one of the most popular and important learning centers in a child care center.

Language Arts Learning Center

The language arts learning center may be called the reading center in some child care programs. It is usually a quiet area which is inviting and cozy. Soft pillows on a carpeted floor, a child-sized rocking chair, comfortable chairs around a small table, and low wall decorations can attract children to the area. Books, pictures, puppets, writing tools, lettering tools, chalkboard, paper, and children's audio and video tapes should be stored so that children can reach them. Computer software of children's stories allow children to "read" individually at their own pace.

Children sometimes like to be alone to "read" a book. More often, children like to have stories read or told to them. Obvious levels of development can be seen among children during story times in different age groups. Two-year-olds have such limited attention spans that even very short stories may not be finished before they lose interest. Three and four-year-olds are more attentive and can usually listen to short stories and answer simple questions about the stories. Many five-year-olds are able to retell a story. They also like to share in the storytelling. They like to relate their own experiences to characters in favorite books. Children also enjoy imitating sounds and actions of animals and people in stories.

The language arts center should include teaching aids that children can hold and manipulate. These may include cut-out block letters of the alphabet, flash cards of letters, and pictures that associate alphabet letters with phonetic sounds. It is important for children and caregivers to interact as children use language arts teaching aids. In general, the language arts learning center benefits children in different ways which include the following:

- understanding and using spoken language (to listen and to speak)
- appreciating language as a practical tool
- appreciating language as a source of pleasure and information
- learning new words
- associating sounds with letters of the alphabet
- creating original stories and poems
- recognizing the difference in fact and fantasy
- recognizing the relationship between symbols and ideas
- developing eye-hand coordination
- recognizing left-to-right sequence in reading

- developing prereading skills such as recall, visual memory, and recognition of likenesses and differences
- following directions
- expressing thoughts, ideas, and feelings

Manipulative Play Learning Center

Manipulative skills (using hand and finger muscles) may be practiced in different learning centers such as the art, science, and dramatic play centers. However, many child care programs have a special learning center where children's small motor skills and ***eye-hand coordination*** can be improved. Eye-hand coordination involves seeing and doing something at the same time.

There are many quality "educational" toys and learning materials which may not fit into other learning centers described. Children may not have the chance to play with these manipulative toys and materials at home. These may include inset puzzles, buttoning materials, zipper boards, snap boards, lacing boards, nuts and bolts, pipe fittings, locks with keys, beads to lace, threading blocks, lock-type building sets, nested boxes, interlocking blocks and shapes, and peg board sets with pegs, hammers, and nails.

Again, it is important to consider the developmental needs of children. Large, simple inset puzzles and nesting boxes to stack or put in order would help two-year-olds improve their motor skills. Three and four-year-olds would enjoy more complex work, such as beads to lace, interlocking blocks, or snaps and zipper boards. Five-year-olds who are learning to dress themselves could use button and lacing boards to improve those skills. Hammer and nail sets provide a good chance for five-year-olds to use their developing muscles and motor skills.

The manipulative play learning center helps children to develop eye-hand coordination and small motor skills. Practicing decision-making skills and problem-solving skills is an important use of this learning center. Children also learn to interact with other children and gain satisfaction from completing tasks.

Math Learning Center

Children can learn about numbers and other math concepts in all learning centers. For example, in the dramatic play center, children can count, measure, compare, and judge sizes, weights, and amounts. In addition, caregivers should teach children concepts about numbers every time it is appropriate. For example, a caregiver could ask children to count the chairs, crackers at snack time, or windows in the room.

Special math activities can be planned for all levels of development. Two-year-olds can learn number concepts such as counting two or three blocks or identifying simple shapes. Most three and four-year-olds can practice matching, work on counting skills, place objects in order or sequence, and identify number symbols. Many five-year-olds can learn to tell time, compare weights, and learn about the value of money.

In many child care programs, a special math learning center is provided. The following concepts can be learned by children through use of a math center:

- number concepts (sets, number relationships, relationships of parts to a whole, counting)
- concepts of classification and sequence
- geometric shapes (circles, triangles, squares, rectangles)
- terms about time
- terms about direction and distance
- weight and height measurements
- how to use math in daily experiences

Furniture for the math center can be as simple as a table, chairs, and low storage shelves. Teaching materials provided might include an adding machine, clock, playing cards, rulers, thermometer, stopwatch, dominoes, measuring cups, tape measures, counting sets, balance scale, egg timer, play money, number games, and clock faces.

Music Learning Center

In the music learning center, children can listen to music and participate in musical activities. Musical and rhythmic activities help children to do the following:

- explore sounds and different forms of music
- enjoy singing, listening, and moving to music
- learn words related to music
- learn to recognize sounds and pitches
- learn to remember sounds and music heard before
- express ideas and emotions through music
- learn about tone, tempo, rhythm, and pitch
- gain an appreciation for music
- release tensions
- communicate through body movements
- learn body movements related to sensory experiences
- understand space through body movements

It is best to have musical activities in an area where plenty of space is available for movement. A balance of listening, singing, and movement will occupy most preschoolers for 10 to 20 minute periods.

Children enjoy music and music helps their development in many ways. Children gain self-confidence, develop their vocal cords, and learn to express themselves through singing. Take care and make sure that children are not criticized when they sing. Children like to hear repetition in musical tones and words. Active songs and game experiences help children develop motor coordination, language skills, and social skills. Large muscle development improves when children skip or hop to music, wave their arms, and try out various body movements. A favorite activity is using children's names in songs. This activity brings attention to children individually and helps them develop a positive self-image. Singing slowly enough to pronounce words and sounds clearly helps language development.

Use of musical instruments helps build eye-hand coordination. Some simple instruments that are good for preschoolers include drums, cymbals, tambourines, rhythm blocks, rhythm sticks, sand blocks, bells, rattles, and triangles. Children enjoy creating their own musical instruments, such as horns which can be made from paper tubes. Children gain a sense of pride and accomplishment from using instruments which they create. A two-year-old may simply blow through an undecorated tube and pretend it is a horn. A three or four-year-old might decorate the tube and hum sounds into it. A five-year-old might decorate the tube and play the tune of the song the group is singing.

It is ideal if the music learning center has an instrument to be used by the caregiver to accompany group singing. It may be a piano, guitar, autoharp, or other instrument. An autoharp is a good choice because it is less expensive and adults can learn to use it quickly. It especially helps teach children about music harmony. Children enjoy strumming across the strings of the autoharp with a pick while the caregiver pushes the selector bars.

Creative movement is any musical activity which develops body coordination in response to rhythm and sound. Creative movement may include moving about, holding hands and swinging them in time with the music, doing simple dance steps, using finger plays, and playing musical games.

Quiet Learning Center

A quiet center gives children a place to have some private time. Having time alone, on occasion, is important to children. The quiet center should be comfortably "soft." Soft carpet and big fluffy pillows or an overstuffed chair may be used. It might also have a "hiding place" as simple as a large cardboard box in which children may curl up. The quiet center needs to be placed away from the view of other children but within the view of the caregiver. Children enjoy taking a favorite book or toy into the quiet area with them.

Time alone should be respected by caregivers and by other children. However, caregivers must watch for children who choose to be alone frequently rather than to interact with the other children. These children should be encouraged to get involved in some group activities. The quiet center should not be used as punishment. It should be a private space that children can choose to use for a few minutes while group activity continues.

Woodworking Learning Center

A woodworking or carpentry learning center requires careful caregiver supervision for the children's safety. A woodworking center is usually popular with older children. Through woodworking, children learn responsibility in using and caring for tools and are taught respect for safety rules. They practice manipulating materials and learn about the physical properties of wood. Having a chance to complete a task and to release tension through pounding and sawing makes using the woodworking center a unique learning experience.

Equipment needed for a woodworking center includes a sturdy child-sized carpentry table, nails of various sizes, hammers, sharp saws, C-clamps or vises to hold wood securely in place for sawing, non-toxic wood glue, and an assortment of wood pieces.

Safety rules for children to observe in the woodworking center should be posted and explained:

- Children cannot work in the center unless a caregiver is present in the center with them.
- Children must learn to use carpentry tools correctly. Tools are to be used only for carpentry, not for general play.
- Carpentry tools must be used only in the woodworking center and not taken out of the center to other areas.
- Tools are to be kept in specific places when not in use.

Carpentry skills depend on the abilities of individual children. Most children are five or six years old before they have the skill to actually create and build something. Children younger then three years of age can safely pound (with supervision) with wooden or rubber hammers. With close supervision, three and four-year-olds can use metal hammers to pound nails into boards, nail lids to wooden surfaces, and they can glue wood scraps together.

OUTDOOR LEARNING ACTIVITIES

The outdoor areas of a child care center are as important as indoor areas for learning. Wise use of space, thoughtful selection and placement of equipment, and creative teaching strategies are important both indoors and outdoors.

Typical outdoor learning activities include wheel toys, sand and water play, climbing, swinging, and quiet space. In addition, many activities that usually take place indoors can be moved outdoors in good weather. For example, some dramatic play, art, and science activities can easily be moved outdoors.

Wheel Toys

Wheel toys include "bikes," wagons, and other toys that children can pedal or ride. They help children develop large motor skills, eye-hand coordination, and social skills.

Wheel toy paths are best arranged when there is a smooth traffic flow. A hard surface, such as concrete, is important. As discussed in Chapter Five, well-arranged storage space for wheeled toys allows children to learn responsibility in putting up toys. Traffic signs in areas where wheel toys are used help children learn safety rules.

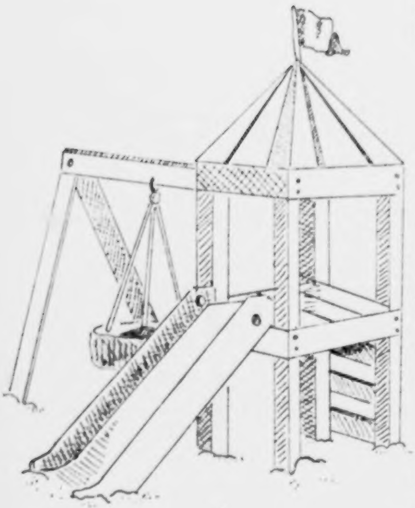
Sand and Water Learning Center

It is important to have an area for sand play somewhere in the outdoor learning space. A sand box (framing to hold the sand) helps children learn to keep the sand in the space intended for sand play. Through sand play, children have the chance to be creative while they have social interaction with other children. They get to develop their manipulative skills by mixing, sifting, pouring, and measuring sand. Eye-hand coordination is another important development gained through sand play.

It is best if sand is sprayed with enough water to make it stick together. The caregiver can sprinkle the sand with water prior to outdoor play time or allow children to add water to the sand area as they play.

Good toys for use in sand play include buckets, shovels, scoops, people or animal figures (wooden, metal, or plastic), cranes, and a variety of hand-held wheel toys. All toys should be safe to use, appropriate for the child's age, and stored in a dry storage area when not in use. The sandbox should be checked for unsafe items each day prior to outdoor play time.

Outdoor water play is also enjoyable for children. This activity is best suited for warm weather. It requires careful supervision for the safety of the children. It is best if children have swimsuits or extra clothes available for water play. Caregivers can decide when water play is most convenient and appropriate.



Climbing Equipment

It is natural for children to want to climb. Crawlers will attempt to climb stairs even before they learn to walk. Outdoor climbing equipment should be safely constructed and scaled in size to the children who will use it. Climbing and jumping activities tend to go together, especially for older preschoolers. For safety, it is very important that a soft fall zone be provided under climbing equipment. The fall zone may be sand or some other material that will break a fall.

Climbing activities help children develop large motor skills and eye-hand coordination. Through climbing, children can feel a sense of accomplishment and interact with other children. They can also learn about the physical laws of nature.

Swinging

Swings and slides are part of the swing center. These types of equipment are often found in parks and public playgrounds. However, they are not top priority for child care centers. Besides being expensive and taking up a lot of space, they often cause many playground accidents.

Children like to swing, slide, and ride the merry-go-round for short periods of time. Then, they are ready to move on to other activities. For these reasons, many child care centers do not have these large pieces of playground equipment. Open space to run, roll, and tumble is safer and contributes more to the physical development of children.

Outdoor Quiet Space

Space for children to play quietly alone is important outdoors for the same reasons it is important indoors. Outdoor quiet spaces may be "hidden" by trees and shrubs or a projection in the building or in the fence. Caregivers may create quiet spaces by providing large open cardboard boxes or tenting materials where children can play alone quietly. Quiet spaces must be arranged so they are easily monitored by caregivers.

FIELD TRIPS AND OTHER TEACHING STRATEGIES

In most child care centers, curriculum goals can be reached mainly through indoor and outdoor learning center activities. However, using other teaching strategies will enrich the curriculum. A ***field trip*** is a good example of another useful teaching strategy. A field trip is a planned trip to a location away from the child care center. A good field trip is planned to meet a developmental goal. Some places to visit include farms, zoos, museums, planetariums, stores, theaters, or parks.

Caregivers should constantly watch for new and exciting field trip opportunities and other learning experiences. Other experiences may include visits from guests who share their musical, artistic, storytelling, or other talents with children. Holidays and special events allow time for special learning experiences. For example, a Halloween theme could be encouraged in all activities, such as dramatic play, art, blocks, sand play, and language arts.

Field trips and special guests provide first-hand knowledge and observations. They teach children about their surroundings and help them develop concepts. When planning a field trip, the following steps will guide the caregiver:

- Think through the goals of the field trip.
- Be familiar with the place to be visited.
- Get permission for the visit, and make arrangements in advance with the proper authorities.

- Discuss briefly with the contact person what the children expect of the visit.
- Plan for transportation and finances.
- Discuss the field trip with the director or supervisor before making final plans.
- Get written permission from parents.
- Get necessary adult assistance for the trip. Licensing rules may require a certain number of adults for the number of children.
- Discuss the trip with the children. Talk about how to behave, safety rules to follow, questions children have, and what the children will see and learn from the trip. (The caregiver might show pictures of animals they will see at the zoo, or sing songs about stars before going to the planetarium.)

During the field trip, caregivers should carry a first-aid kit in case of emergencies. All children should use the bathroom and get a drink of water before leaving. Caregivers should point out important things for children to see while they explain and interpret experiences on the trip. It is also important to have drinks and snacks available if the trip is lengthy.

After the field trip, enforce the learning experiences through group discussion, dramatizations, and creative projects. Writing a thank-you letter to a contact person, with the help of the children, is an important follow-up activity.

Points To Remember

- Caregivers should plan teaching strategies for routine activities in child care. Routine activities include arrival and departure time, meal and snack time, nap time, toileting, handwashing, outdoor play time, and transitions between activities.

- Learning centers as a teaching strategy offer a variety of different learning activities set up to achieve specific goals and objectives in the physical, emotional, social, and intellectual development of children.

- The process children use in playing and discovering in learning centers is more important than the end product.

- Indoor learning centers might include activity areas for art, blocks, computer, science, dramatic play, language arts, manipulative play, math, music, quiet time, and woodworking.

- Indoor learning center activities offer an opportunity for children to develop some of the following skills: eye-hand coordination, motor skills, creativity, sensory abilities, language and number skills, task completion, communication, and the enjoyment of singing, listening, and moving to music.

- Outdoor learning centers might include wheel toys, sand and water, climbing, swinging, and quiet space.

- Outdoor activities offer opportunities for the development of motor skills (large and small), social skills, creative expression, a sense of accomplishment, and sensory experiences.

- Field trips and other teaching strategies enrich the curriculum and provide new and exciting learning experiences.

Words To Know

eye-hand coordination
field trip
learning centers
manipulative skills
teachable moments
teaching strategies
wheel toys

Questions For Review

1. List daily child care routines which can be used as teaching strategies.

2. What should be the relationship of learning centers to the goals and objectives of the child care program?

3. In what ways does an art learning center contribute to a child's development? Name ten items that might be used in an art learning center.

4. How might a block learning center help a child's development? What are some safety guidelines for use in a block learning center?

5. Name three learning centers in which the use of a computer might be helpful.

6. Name four experiences that a science (discovery) center might provide for children.

7. Name eight types of roles which children might play in a dramatic play learning center. What props would be needed for playing any two of the roles named above?

8. List 12 ways for children to use a language arts learning center.

9. What materials and manipulative toys might be used in a manipulative learning center?

10. List five skills child care programs develop in a math learning center. Name ten items which can be used as teaching materials in the math learning center.

11. List ten ways musical and rhythmic activities help children.

12. What equipment is needed for a woodworking learning center?

13. Name five learning centers that could be used as outdoor learning centers. What skills will each center develop in children?

14. Explain the value of field trips. List seven good examples of places to take children on field trips.

16

Chapter Sixteen Newborns and Infants

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques.(f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages.(f1B)

OBJECTIVES TO ACHIEVE

- Identify environmental factors which influence prenatal development and known traits which are genetic.
- Describe major adjustments which are made in the body systems of a neonate after birth.
- Describe the physical traits (reflexes, sensory abilities, and states) of a neonate.
- Describe major characteristics of infants from birth to four months of age.
- Outline appropriate teaching strategies to meet the developmental needs of infants from birth to four months of age.
- Describe major characteristics of infants from four to eight months of age.
- Outline appropriate teaching strategies to meet the developmental needs of infants from four to eight months of age.
- Describe major characteristics of infants from eight to twelve months of age.
- Outline appropriate teaching strategies to meet the developmental needs of infants from eight to twelve months of age.

Newborns and Infants

Many factors can affect development. One important factor is ***prenatal development,*** or development before birth. This development is affected by both heredity and environment. The newborn, ***neonate,*** has special characteristics which help him or her to begin life. During this time, parents and others play special roles. Knowing the factors affecting this period of development can reduce possible problems.

GENETIC INFLUENCES ON PRENATAL DEVELOPMENT

Genes from both parents pair up and are passed on to a child. This causes certain traits to be ***inherited*** from each parent. Inherited traits are also called ***genetic*** traits. Some known inherited traits are eye color, hair color, and body build. Genetic factors guide physical development from conception to birth.

In the U.S. every year, a quarter of a million babies are born with ***birth defects***. These defects, present at birth, can be caused by inherited or environmental conditions. Some handicapping conditions related to genetic factors include sickle cell anemia, Down's syndrome, hemophilia, diabetes, and cystic fibrosis.

Many people with known genetic defects in their family choose not to have children. ***Genetic counseling*** can provide people with information about their chances of having a child with genetic problems. This counseling can also tell families how different birth defects can be treated.

ENVIRONMENTAL INFLUENCES ON PRENATAL DEVELOPMENT

The unborn child, the ***fetus***, responds to the environment outside as well as inside the womb. What a mother eats, drinks, and breathes has an important effect on her developing child.

One of the most harmful factors in prenatal development is poor nutrition. Because of a mother's poor nutrition, a baby may have low birth weight and retarded growth of nerve cells in the brain. Factors such as viruses and drugs also affect development of a fetus. The measles virus can cause severe birth defects if a fetus is exposed during the first three months of the mother's pregnancy. Toxic chemicals, as well as all drugs, can be harmful to a fetus.

Factors outside the womb affect prenatal development directly or indirectly. Stress and emotional upsets create an excess of certain hormones in the mother's body. If these hormones are constantly fed to the fetus, there may be long-term effects. Good medical care is another factor affecting development. This should begin long before conception takes place. Before conceiving a child, parents may need genetic counseling, nutritional advice, or vaccinations for certain viral diseases. Mothers living in poverty are less likely to have the opportunity to get this type of information and care. Their children are more likely to have birth defects or low birth weights. These children are also less likely to survive or to be healthy. Factors which have negative effects on prenatal development are often found to be worse in poverty situations.

ADJUSTMENTS THE NEWBORN MUST MAKE

The full-term newborn is born about 266 days after conception. The baby needs special help in order to become adjusted to life outside the mother's womb. Child caregivers need an understanding of special traits of the newborn.

During the first few weeks after birth, the neonate's body systems must adjust. The baby cannot fully control these systems. Parents and medical experts must help the infant adjust until the body can work well on its own. The respiration, temperature, circulation, and digestion systems must all adjust after birth.

The newborn needs much more oxygen than the fetus but must rely on him or herself to get it. The neonate's breathing is slightly irregular. ***Anoxia***, lack of oxygen, is the most common cause of infant death and brain injury. Newborns should never be placed in situations where their breathing passages are blocked. The respiratory system develops better when there is good ***tactile stimulation***. Stimulation can be given by touching, patting, or rubbing the baby.

Several weeks pass before a newborn's body temperature is stable. Until then, babies create body heat by eating, moving their arms and legs, and crying. Keep neonates warm by holding them or by covering them with a light blanket. Since most body heat is lost through the head, it is a good idea to cover a baby's head when outside.

At birth, the normal heart rate will range from 120 to 160 beats per minute. A baby may have heart murmurs which will come and go. Blood pressure will not be stable until the infant is about two weeks old.

The baby is born with a strong sucking reflex to aid in getting milk. The baby's digestive system begins producing ***enzymes***, substances which help the body digest and use food. The infant's ***sphincter muscles*** automatically open when the bowels or bladder are full. These muscles control the elimination of waste materials from the body. Because a baby's liver is not mature, about half of all babies develop ***jaundice*** a few days after birth. Jaundice causes the skin and eyeballs to turn yellow. If treated early, this condition can easily be corrected by doctors.

PHYSICAL ABILITIES OF THE NEONATE

A newborn baby's physical abilities are very limited. However, certain traits exist automatically. As the infant matures, these abilities come under the infant's control. Reflexes, sensory abilities, and sleeping or waking habits are largely uncontrolled by the child at birth. In time, the child develops control of all of these traits.

Reflexes present at birth will also be present throughout life. These include breathing, swallowing, sneezing, coughing, hiccupping, yawning, gagging, vomiting, and eliminating bodily wastes. Crying is also a reflex action in response to discomfort. While babies develop some control of reflexes, the actions are still normal reflexes. It is important to remember that reflexes are not willful actions.

The newborn's senses function at birth but continue to develop as the infant matures. For example, at the moment of birth, the neonate can see light and dark. Within hours, the baby can focus on things about seven inches away. The neonate can also follow movements and seems to prefer human faces. By five months, an infant's vision improves greatly. The same sort of changes take place with all of the senses. Development of the senses happens with physical maturation and experience. When infants do not have enough experiences to stimulate the senses, their systems mature more slowly. Infants may even try to communicate that they need stimulation or that they need to be soothed. Caregivers should be sensitive to these signals.

Waking and sleeping habits of newborns are often called states. A ***state*** is an observable biological behavior. While newborns are in some states, they require special attention from caregivers. During waking activity, infants need protection from too much stimulation, such as noise, activity, or light. Too much stimulation can be upsetting to a newborn. One way to protect a baby from excess stimulation is to hold the baby closely while moving rhythmically. The crying state also requires caregiver attention. Infants in this state cannot always be quieted quickly. Caregivers should experiment to see which positions or movements seem to make infants more comfortable. Table 16.1 gives the characteristics and names for states which infants experience.

NEWBORN STATES

State	Characteristic
Quiet alert	The infant's eyes are open and in focus, but little motor activity occurs.
Waking activity	The infant's eyes are open, breathing is irregular, and motor activity occurs.
Deep sleep	The infant rests fully with little movement and regular breathing.
Irregular sleep	The infant's body moves and breathing is irregular.
Doze	Breathing is regular and the infant stretches the limbs and body.
Crying	The infant's eyes are unfocused and closed, skin is flushed, and breathing is intense. The baby also has gross motor activity.

Table 16.1

Caring for Infants

Care of infants up to one year old centers around their physical needs and routines. Routines include feeding times, diaper checks and changes, nap time, and planned infant/caregiver interaction. An infant's level of development changes quickly. Besides meeting physical needs, infant caregivers should also be aware of the infant's emotional, social, and intellectual needs.

Sample teaching strategies for each area of development are included at the end of the chapter. These strategies should be adapted for the development level of each infant. Having positive, nurturing interactions with infants is very important to their development.

BIRTH TO FOUR MONTHS OF AGE

Infants rapidly gain control of their muscles. As infants learn this control, they develop basic feelings of emotional security. An infant depends on parents and other caregivers for physical and emotional security. The physical well-being of young infants and their emotional, social, and intellectual development are interrelated. For example, social behaviors of infants relate directly to developing emotional attachments with parents and caregivers. Intellectual development occurs as infants discover their surroundings. Infants get information through their physical senses and motor activity. Teaching strategies used with infants should meet basic needs as well as aid in development. Table 16.2 provides example teaching strategies appropriate for use with infants from birth to four months of age.

Physical Development

Infants from birth to four months of age develop rapidly. Muscular control develops in a sequence. The ability to notice differences in seeing, hearing, touching, smelling, and tasting also increases. Infants must depend on others to meet their physical needs. Therefore, teaching strategies for young infants often relate to physical care.

Muscular Control - Newborn infants do not have control of their movements. The newborn's neck cannot yet support the head when the infant is held upright. Changes happen in sequence (as discussed in Chapter Twelve) as infants gain more muscular control. Within the first month, the head can be lifted when lying on the stomach. By the third month, an infant can push up with the arms to raise the head and chest. When lying on their backs, infants kick their legs from side to side. A major accomplishment during the third and fourth months is learning to roll over from back to stomach and from stomach to back.

Nourishment - Most young infants need to be fed every three to four hours. They may show their hunger by active movement of arms and legs, mouth movements, bringing the hands to the mouth, and crying. If infants are fed when they are hungry, they develop a sense of trust and security. Caregivers should make eating a pleasant time for babies. An infant should be held while being bottle fed. Emotional bonding, language development, and communication occur during this time. Eye focusing and eye-hand coordination also improve.

Sleep - Newborns sleep 16 to 17 hours a day. Gradually they spend less time asleep and more time alert and attentive. During the hours in a full-time child care, young infants may nap three or four times a day. When sleepy, some infants fall asleep quickly when placed in their cribs. Others require stimulation such as being held and rocked by a caregiver sitting in a rocking chair. Other methods to encourage sleep include singing lullabies and patting the infant gently. Infants should not be lulled to sleep when they are not sleepy. Some parents prefer that infants get in the routine of having their attentive and alert times during the day so they will be sleepy at night. Other parents want their infants to sleep at child care so they are awake with them in the evening.

Elimination - Diapers need to be changed when they are wet or soiled. Caregivers should follow strict hygiene practices. Caregivers should use changing time for pleasant interaction with infants. Music in the background and a colorful mobile hanging above the changing table make the time pleasant. Select a mobile that is well constructed and safe. The caregiver should never communicate negative feelings (messy, dirty, bad) about natural body processes. Bowel movements reflect the infant's health. Caregivers should record the frequency of bowel movements as well as changes in color and texture. Share this information with parents on a daily basis.

Hearing - Newborns can hear sounds. Caregivers can stimulate the infant's sense of hearing by providing a variety of pleasant sounds. However, infants respond best to human voices. By the first few months, infants can recognize speech sounds. Infants respond best to sound from either side. Sounds from above, below, or in front of them are more difficult to locate and distinguish.

Seeing - The newborn has better ability to see than was once believed. Although the newborn's vision is limited, the newborn can see forms and soon learns to focus. The ability to see small details develops gradually. To help an infant's sight, provide a variety of colorful objects within the infant's focusing distance. Infants soon learn to follow slow moving objects within their focusing distance. Eye-to-eye contact with the caregiver is important to the emotional and social development of the infant.

Tasting and Smelling - Newborns can distinguish between sweet, salty, and bitter tastes. They prefer the sweet ones. They can smell odors and respond positively or negatively to them. To stimulate infants, caregivers may choose to occasionally expose them to different safe tastes and odors.

Touch - To stimulate the sense of touch, place an infant's hands on safe materials of different textures and temperatures. Talk to the infant, using words such as "soft," "rough," "wet," and "cold" to describe what is being touched. Touching also communicates feelings. How a caregiver touches, strokes, picks up, holds, or moves an infant shows the caregiver's feelings. These feelings are important to the child's emotional and social development.

Emotional and Social Development

Emotional development and social development in childhood are closely related. Feelings of trust and security in the infant come from relations with others. Infants cannot develop these feelings on their own. They develop these feelings from the way others treat them. Parents and other caregivers have the most influence on an infant's life. It is very important for caregivers to help infants feel secure. The same strategies used for emotional development can help the infant develop socially. To aid emotional and social development, respond quickly and consistently to infants' needs. Interactions which help infants include looking, stroking, holding, playing, carrying, talking, and rocking.

An infant gradually shows a ***temperament*** during the first months of life. Temperament is an infant's personal style of behavior. Some styles are easy to recognize while others may be more difficult. Active infants kick, wiggle, and squirm a great deal. They consistently kick off their covers and often get tangled in blankets or clothing. Quiet infants seem easy to care for in that they seldom kick off covers or need clothing adjusted. However, they may need to be picked up and moved by the caregiver in order to stimulate physical movement. From birth, each infant responds differently. One infant may cry loudly while another may whimper softly. Caregivers should learn clues besides loudness to understand messages given by infants. Eye-to-eye contact and touching are two important ways to communicate with infants.

Infants from birth to four months of age are self-centered. Infants use their senses to develop their self-concepts. People and objects are familiar to infants when they interact with the child's senses. Caregivers should arrange time and materials to help infants learn about themselves.

Intellectual Development

Infants use all their senses to learn. With experience, their abilities to see, hear, smell, taste, and touch improve. Moving themselves and handling objects helps develop coordination of the senses. Infants learn ways to communicate with themselves and others. Crying is one way that infants communicate. Even newborns cry in different ways depending on their needs.

Newborns have ***reflexive behavior*** which is an automatic response to things around them. Infants quickly learn to actively search. The process of using their senses to actively search is called ***differentiation***. As infants learn to coordinate their senses, they begin to develop hand-mouth coordination, eye coordination, and eye-ear coordination. A carefully-planned, attention-catching environment helps infants to respond in many ways. Caregivers should praise the infants' behavior. When infants hear someone talk, it encourages them to communicate. Such conversation is important to development. It is healthy for the caregiver to look at the infant and alternately talk and listen to the child's "talk." In order to stimulate an infant, a one-to-one conversation with a child is necessary.

FOUR TO EIGHT MONTHS OF AGE

Infants from four to eight months of age are awake and alert longer than younger infants. They adapt better to a scheduled routine. They can grasp, move, and bang objects intentionally. They learn to sit up without support and creep during this period of time. They become able to stand with support. With the aid of caregivers, some infants may take their first steps while holding onto furniture. They express different emotions and start interactions with others. Mentally, infants four to eight months of age learn that objects are separate from themselves (***object permanence***). They also begin to imitate and repeat speech sounds (language development). Their development progresses quickly during this period of time. Table 16.3 provides example teaching strategies for use with infants from four to eight months of age.

Physical Development

The abilities to sit and to stand result from muscle development of the head, arms, chest, back, and legs. Even though these muscles are developed, the muscles are not fully coordinated. Therefore, infants should be allowed to sit and stand several times during the day for brief periods.

Major changes occur in manipulation, locomotion, and eating abilities during the four to eight-month period. Infants usually begin teething during this period. Their vision and hearing abilities also improve.

Manipulation - Newborns and younger infants grasp by instinct. Their hands close on everything that touches them. Reaching, grasping, and releasing are manipulation skills. During the four to eight- month age period, infants gain more voluntary control of these skills.

Reaching involves eye-hand coordination. The infant sees something and reaches for it with an open palm. Grasping, at this age, involves the entire hand. Later, infants learn to grasp with thumb and forefinger. Releasing an object is as fun to an infant as grasping it.

Locomotion - Besides sitting alone and standing with help, creeping is a major achievement of the four to eight-month old period. Creeping involves moving by scooting the body forward from a face-down lying position.

Creeping is done by twisting the body, pulling with the arms, and pushing with the legs. The head, neck, shoulder, arm, and leg muscles are involved.

Eating - Caregivers should begin feeding infants solid foods at the parent's request. Most doctors recommend that infants begin eating solid foods around six months of age. Different muscles are used for eating solid foods than for sucking liquids. At first, infants tend to gum solid food and push it out of their mouths rather than swallow it. Parents generally provide the solid food and a spoon for feeding their infant.

Teething - Infants usually begin teething around four months of age. The first tooth may appear about this time. Teething infants drool a lot and some need to wear a bib all day. Infants like to chew on hard things. When they begin teething, gums may be swollen and sore. A cold teething ring or crushed ice tied in the corner of a clean cloth will soothe sore gums.

Seeing and Hearing - Infants four to eight months old are attracted to faces, shapes, designs, and anything that is colorful. Placing pictures, mobiles, and colorful objects at floor and crib level aids vision. Infants enjoy making and responding to sounds. Caregivers should imitate sounds back to them. Seeing, hearing, and reaching becomes more coordinated during this period.

Emotional and Social Development

Four to eight-month-old infants show various emotions. Among these emotions are happiness, fear, pleasure, and frustration. Smiles, frowns, cries, gurgles, coos, waving arms, quietness, stiffness, and bouncing are examples of ways infants may express their emotions.

Infants around five months of age may begin showing fear of strangers or people they do not see often. This is called ***stranger anxiety***. It is normal infant behavior. Infants may have stranger anxiety when they become aware that self is separate from others. The infant may cling to a caregiver, cry, cringe, or attempt to move away from an unfamiliar person.

An infant's basic temperament is usually evident by four months. Some infants will adapt to changes easily. For others, changes in eating patterns and routines need to be introduced gradually. Active infants wiggle, squirm, and topple over from a propped-up position. They generally move enough on their own to get enough exercise. Less active infants should be picked up and moved to new positions frequently while they are awake.

Socially, infants from four to eight months develop strong attachments to parents and other familiar caregivers. Infants also begin to initiate and respond to interactions with other adults and children.

Intellectual Development

Intellectual development from four to eight months focuses on two areas. These areas are object permanence and language development.

Infants four to eight months of age begin to learn that they are separate from objects. Usually at four or five months of age, an infant will visually search for an object that disappears. Later, they learn to physically search for a disappearing object. "Hide-and-Seek" and Peek-a-Boo" games help infants learn the concept of object permanence.

Cooing, babbling, and crying help infants develop the ability for speech. ***Cooing*** is a pleasurable speech sound made by younger infants. Cooing seems to help infants express feelings of comfort and satisfaction. ***Babbling*** is the repetition of consonant sounds (bababa, dadada, mamama). It involves the infant playing with speech sounds. Babbling is more advanced than cooing.

Infants' first speech sounds are not intentional. Infants seem fascinated by these sounds and begin to experiment with them. As they experiment, they find they can make changes in the sounds. When caregivers respond favorably, infants want to repeat sounds. When a caregiver repeats a sound the infant makes, the infant may learn to also imitate sounds.

Speech stimulation and repetition encourage infants to practice sounds. Infants also begin to learn the process of talking, listening, and talking again. The result is better development of and control over language. Gradually, infants learn to start "conversations." An infant begins making a particular sound to attract caregiver attention and response. If the caregiver can attach a word meaning to the sound, the caregiver should use the word in a sentence. For example, if "ba" sounds like "ball," the caregiver can say to the infant, "This is a ball." Verbal interaction skills are important for caregivers of infants.

EIGHT TO TWELVE MONTHS OF AGE

Infants eight to twelve months of age can move by creeping and crawling. They can pull themselves up to a standing position and walk around things. Most will walk with help, and a few will begin to walk by themselves. Infants of this age use their thumb and fingers to grasp objects. This skill allows them to pick up tiny objects. All objects within their reach should be safe to move, taste, and touch. Infants at this age also like toys they can push and pull.

Infants from eight to twelve months of age keep trying new skills and learn preferences. They become possessive of people and objects and will actively search for people and objects that can no longer be seen. By twelve months of age, infants use different sounds, babbling, and words to communicate with themselves and others. They learn to connect a word with a specific object or action. More than anything else, they are fascinated with their new ability to move around. Table 16.4 provides example teaching strategies for use with infants from eight to twelve months of age.

Physical Development

Eight to twelve-month old infants have rapid physical development. Their muscles develop rapidly during this period. Development is seen in both large and small muscle control. Infants of this age will usually follow routines for eating, sleeping, and elimination.

Large Motor Development (Locomotion) - ***Mobility*** is the ability to move from one place to another. It is an important new physical skill for older infants. Mobility eventually results in the ability to walk without help. Most infants walk alone sometime after the first year. However, a few infants walk unassisted as early as eight or nine months of age. Several stages precede the ability to walk unassisted. The stages of large motor development are as follows:

- stepping with the feet while being held upright (approximately three to six months)
- sitting unassisted, followed by the ability to move from a lying position to a sitting position without assistance (approximately six to eight months)
- standing with the aid of a caregiver or by holding onto a sturdy object (approximately six to ten months)
- creeping, moving forward with abdomen touching floor (approximately four to eight months)
- pulling up from a sitting to a standing position (approximately seven to nine months)
- crawling, moving forward on hands and knees (approximately six to twelve months)
- walking with assistance by holding onto and walking around furniture or while being led by a caregiver (approximately nine to twelve months)
- first attempts at walking alone, characterized by uncoordinated attempts at balancing, sitting or falling down, pushing up to standing position, and trying again and again until the skill is mastered

Temperament and activity level affect the process of learning to walk. Highly active infants may learn to walk before less active infants. Some infants will be frustrated by repeated tumbles. Others will get up without a whimper and try again.

The process of walking cannot be hurried if a child is not ready. The caregiver's responsibility is to create surroundings that encourage walking.

Small Motor Development (Grasping and Stroking) - During this period, infants learn to grasp objects using the thumb and fingers. By nine or ten months of age, infants can pick up tiny objects, such as small buttons and straight pens. Infants often put small items in their mouths. Be careful to remove any objects which infants can swallow or choke on. Larger, safe objects, with parts that an infant can grasp, should be offered to promote small motor development.

Older infants with their new grasping skills can pinch hard enough to cause pain. However, they are not old enough to realize that pinching can hurt.

Stroking is a small motor skill that develops between eight and twelve months of age. Stroking is touching with the fingertips. Encourage gentle stroking by providing a variety of textures for infants to touch and feel.

Eating - Eating routines are usually fairly well set by the end of the first year. Infants at this age usually have definite food likes and may want to feed themselves. This independence should be encouraged. It is important to emotional development and for small motor development. However, infants eight to twelve months of age are not old enough to feed themselves without help from a caregiver.

Older infants who drink liquids from a bottle will hold their own bottles while caregivers hold them. Drinking from a cup should be encouraged during "mealtime" when solid foods are served.

For mealtime, infants are easiest fed while seated in highchairs. Infants quickly show interest in holding the cup and spoon themselves. This independence should be encouraged, even though some food and liquids are usually spilled. Finger foods are ideal and should be served when possible. Assist in feeding infants to make sure that they eat enough and get a balanced diet. Mealtime is a good time to have positive infant/caregiver interactions.

Infants learn to bite as they get their first teeth. Foods that require some chewing (peeled apple slices, crackers, etc.) help infants use their teeth for biting. Infants will bite anything that goes in their mouths. Sometimes they will bite other children and cause teeth marks and bruises. Infants are too young to know that biting causes pain to others. Be alert to help prevent infants from biting others. Provide appropriate food items and other objects for infants to bite.

Sleeping - Infants eight to twelve months old will generally sleep eight to ten hours at night and take a morning and afternoon nap. The sleep needs of each infant may be different. Routines at home and the body's need for sleep affect each infant's sleep patterns. As infants become older, they will have more awake time to be alert and play. Their nap times become shorter.

Elimination - Bowel and bladder elimination patterns become more predictable and stable as infants get older. Diapers generally are wet less often than previously. Infants may have bowel movements only once or twice a day, often about the same time each day. Report to parents any changes in appearance or frequency of bowel movements.

Emotional and Social Development

Emotional development during the eight to twelve month period shows in several ways. The most obvious signs are development of preferences; persistence at trying; and expression of delight, anxiety, and fears.

As infants gain preferences, they begin trying to control their surroundings. As a result, they become more independent and gain self-esteem. Their preferences may be for toys, food, clothing, or even for individuals. With new independence, infants sometimes behave in negative ways (pushing food away, dropping or throwing food on the floor, throwing a toy, etc.). Appropriate guidance skills are needed to handle these situations.

Infants are self-centered. They cannot consider the feelings or needs of others. They may be possessive of objects and people. On the other hand, they enjoy interactions with others. Because of mobility skills, infants can move toward or away from people and things for the first time.

Older infants need the security of having a familiar caregiver in sight at all times. Room arrangements can be planned so this is possible, even when a caregiver cares for several infants. Verbal communication from a caregiver to an infant helps to reassure the infant.

Intellectual Development

Intellectual development during this period centers around infants' mobility and independence. They are able to see self as separate from objects and other people. They have developed the concept of object permanence. These infants will begin to actively search for people or objects which they can no longer see. For example, the infant may search on a low shelf for a toy that the caregiver placed there. Simple hiding games will hold the infant's attention.

By the first year, infants begin to separate their thinking about what they want to do from how they can do it. For example, an infant who notices a toy behind a chair may try more than one way to reach it.

Language development occurs as different sounds and babbling are labeled with meaning. Infants learn to associate three or four "words" with a specific object, action, or person. For example, "gink" may mean drink and "bye-bye" might mean good-bye. "Dada" may mean daddy and "ba" may mean ball. Infants can understand many more words than they can speak. They may know what a table is and may even obey a request to place something on it, but they cannot say the word "table." They can usually identify a table in their close surroundings. However, they cannot classify similar objects as tables.

Reading aloud to eight to twelve-month-old infants aids their language development. The books chosen should have pictures of objects that are familiar to them.

The first attempt at scribbling is a developmental task of this period. The role of scribbling in writing development can be compared to the role of babbling in verbal language development. Infants should be supplied with crayons or other appropriate tools for scribbling. These tools should be stored when the infant loses interest.

TEACHING STRATEGIES FOR INFANTS FROM BIRTH TO 4 MONTHS

Infants rapidly gain control of their muscles. As infants learn this control, they develop basic feelings of emotional security. Intellectual development occurs as infants discover their surroundings. Infants get information through their physical senses and motor activity. Teaching Strategies used with infants should meet basic needs as well as aid in development.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Dress infant in comfortable non-restrictive clothing to allow freedom of movement.	Encourage development of muscular control.
Hold infants in sitting, standing, and various lying positions.	Encourage development of muscular control.
Place colorful, inviting objects within infant's vision and reach so that the infant may try to grasp them.	Encourage development of visual skills as well as muscular control.
Select quiet, gentle music and move it around the room.	Encourage use of hearing to locate sound.
Shorten or lengthen activities to establish a pattern for sleeping.	Help infant develop regular sleeping habits.

EMOTIONAL AND SOCIAL DEVELOPMENT

Caregiver Strategy	Objective
Provide pleasant experiences such as bathing, snuggling, talking, and smiling.	Encourage expression of enjoyment.
Provide a soothing touch, calm voice, music, and talk when the infant shows stress.	Reduce stress.
Use the same caregiver to provide gentle, consistent care of the infant.	Encourage being familiar with one caregiver.
Hold the infant so the caregiver is within the infant's range of vision. Smile and talk softly.	Help establish eye contact and voice recognition.

Table 16.2

INTELLECTUAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Place colorful stimulating objects in infants' range of vision and reach. Allow time for the child to focus or play with the object.	Encourage development of differentiation.
Record repetitions, changes, and new sounds made by the infant.	Encourage language development.
Talk and sing to the infant while feeding and changing diapers and clothes.	Encourage language development

Table 16.2 - Continued

TEACHING STRATEGIES FOR INFANTS FROM 4 TO 8 MONTHS

Infants from four to eight months are alert longer than younger infants. They adapt better to a scheduled routine. They can grasp, move, and bang objects intentionally. They learn to sit up without support, creep, and become able to stand with support. Some may take their first steps. They express different emotions and start interactions with others. Mentally, they learn object permanence. They also begin to imitate and repeat speech sounds. Their development progresses quickly during this period of time.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Place infant where infant can move freely and safely. (Keep crib sides up; provide floor space.)	Encourage infant to roll from back to front and from front to back.
Prop infant in sitting position with pillows. When infant can sit alone, place in a sitting position for short periods of time. Supervise carefully.	Help infant sit with and without support.
Provide floor area with safe resistance (soft vinyl or carpeting with traction, furniture to push against). Place toy slightly out of reach for motivation.	Encourage infant to creep toward and reach for objects.
Provide toys which infant can grasp without frustration. Clutch balls and well-designed rattles are appropriate.	Encourage early grasping movements.
Provide small toys (that cannot be swallowed) of any shape.	Encourage grasping with thumb and forefinger.
Place toys to the left, right, and front of child. Give and receive toys from child's left and right hands.	Encourage use of both hands.
Play banging games with blocks, balls, bells, etc.	Encourage use of both hands. Help infant develop hand coordination.
Observe infant's reactions to pictures and objects. Display infant's favorites again.	Encourage visual discrimination and perception of distance, color, and depth.
Feed solid food with small spoon. Be patient. Minimize distractions. Label food.	Aid infant in development of new tongue and swallowing techniques for eating.

Table 16.3

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Laugh, giggle, smile, and play funny games such as "touch your nose" with the infant.	Help infant express joy, happiness, delight, and humor.
Comfort, hold, and rock infant. Talk softly to the infant.	Help develop feelings of security and ease infant's frustrations.
Provide favorite toys. Show pleasure in repetitive play (clapping hands, etc.)	Help develop feelings of stability and share pleasure in play.
Allow unhappy infant to show rage for a short period of time by crying, kicking legs, and waving arms. Reduce or eliminate cause of unhappiness, if possible. Then comfort and calm the infant by touching, rubbing back and legs, rocking, and talking in a soothing tone of voice.	Allow expression of true emotions. Help infant develop feelings of security and stability.
Introduce strangers carefully. Allow infant time to become accustomed to stranger at a distance first. Assign a specific caregiver to each infant.	Help infant overcome natural fear of strangers. Provide infant the security of one principle caregiver.
Respond quickly and consistently to infant's happy, sad, and angry pleas for attention.	Encourage positive and honest social interactions. Provide feelings of security and self-esteem.
Allow infant to accomplish tasks alone when possible (pulling self up, creeping for toy, eating finger foods, etc.).	Develop self-confidence through independence in actions.
Play games with infant, especially imitation games with caregiver mimicking infant and infant mimicking caregiver.	Develop communication, interaction skills, and self-esteem.

Table 16.3 - Continued

INTELLECTUAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Provide objects which attract attention (contrasting colors, variety in textures and designs, changes in sounds, etc.). Watch for movements the infant repeats in relation to the objects.	Stimulate sensory reactions; encourage repetition of actions.
Initiate simple actions (open mouth, smile, laugh, put finger on own nose, etc.). Wait for infant to imitate action. Offer praise and imitate action of infant.	Encourage imitation of actions and sounds.
Show the infant a toy. Play with it briefly. Hide the toy briefly. Play with it again.	Help infant develop concept of object permanence.
Cover part of an object with a blanket or cloth; wait for infant to push or pull cover off object. Play the Peek-a-Boo game with an object.	Help infant develop concept of object permanence.
Respond to infant by talking. Use normal speaking patterns and tones. Show pleasure in interaction with infant.	Encourage cooing, babbling, and smiling. Provide positive patterns for language development.
Call infant by name.	Help infant recognize his/her name. Help infant develop a positive self-concept.

Table 16.3 - Continued

TEACHING STRATEGIES FOR INFANTS FROM 8 TO 12 MONTHS

Infants eight to twelve months of age move by creeping and crawling, by pulling themselves up to a standing position, and by walking around objects. Infants at this age use their thumb and fingers to grasp objects like toys they can push and pull. They try new skills, learn preferences, become possessive of people and objects, and actively search for people and objects that can no longer be seen. By twelve months of age, infants use different sounds, babbling, and words to communicate with themselves and others. They connect words with specific objects or actions. Their new ability to move around fascinates them.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Provide low furniture which has no sharp edges and will not tip over. Pad corners of furniture, if needed.	Encourage pulling up to standing position and standing alone while holding onto an object. Provide a safe environment.
Provide obstacle-free floor space. Place infant's favorite toys slightly out of reach.	Encourage crawling. Show respect for infant's toy preference. Allow infant to exercise some control.
Provide low, sturdy, two or four-step equipment.	Encourage infant to crawl up stairs.
Holding infant's hand, walk slowly and allow infant to control own step and balance movements.	Encourage walking with assistance.
Provide several objects at once that stimulate infant's interest. Occasionally give infant an object to hold in each hand.	Encourage use of one hand to hold object and one hand to reach and explore. Encourage use of two hands to hold items.
Allow infant to hold own bottle while caregiver holds infant. Allow infant to hold own cup and spoon. Serve finger foods, when possible.	Encourage grasping and holding skills and independence.

Table 16.4

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Allow the infant to make choices. If the infant shows resistance to an action that must be taken, try to give the infant two possible choices. An example is, "Do you want to put on your hat or your mittens first?"	Help infant develop independence. Show respect for infant's preferences. Promote positive behaviors.
Praise positive behaviors. For example, say "Felipe keeps his apple on his plate. That is good Felipe."	Promote positive behavior, self-esteem, and self-control.
Allow infants to do things for themselves as they show interest. Adjust time schedules to allow this.	Help infant develop independence.
Stay within sight of each infant in your care. Provide positive verbal attention even while attending other infants.	Give feelings of security.
Verbalize limits, avoiding the use of "no" whenever possible. Provide choice of other activities and materials.	Establish consistent limits without encouraging defiance.

Table 16.4 - Continued

INTELLECTUAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Introduce new imitating games. For example, "This is Alicia's nose (touch Alicia's nose). Can you find Alicia's nose?"	Help infant imitate others' actions. Help infant learn names for things. Improve eye-hand coordination.
Play hiding games. For example, hide the car under the blanket or hide the ball behind you. Be sure the infant experiences both visual and manual success in finding the object.	Help infant develop concept of object permanence.
Read simple picture books with familiar objects. Encourage infant to identify objects by touching pictures.	Encourage vocabulary development.
Name important objects. Label sounds that infants make in relation to specific objects, actions, and persons. For example, when the infant says "ba" when playing with a ball, say "ball" and use it in a sentence, "Greg has a ball."	Encourage vocabulary development.
Provide writing space and materials suitable for this age group. Supervise carefully. Put up materials when the infant loses interest.	Encourage interest in writing. Develop eye-hand coordination and small motor skills.

Table 16.4 - Continued

Points To Remember

- Genetic traits and defects are passed to a child when the genes of both parents pair.
- Prenatal development is affected by heredity and environment. Critical factors affecting prenatal development are substances a mother eats, drinks, and breathes.
- Inadequate nutrition, inability to afford good medical care, an increase of physical and emotional stress, and a lack of prenatal education often affect the prenatal development of children born into poverty.
- The neonate's respiration, temperature, circulation, and digestion are in a state of change for the first few weeks after birth. Parents, other caregivers, and medical personnel must help the infant regulate these body systems until the body can function on its own.
- Observable biological behaviors (states) in the newborn are deep sleep, irregular sleep, doze, quiet alert, waking activity, and crying. Reflexes present at birth are breathing, swallowing, sneezing, coughing, hiccupping, yawning, gagging, vomiting, and eliminating bodily wastes.
- From birth to twelve months infants rapidly gain muscular control over their bodies. Emotional, social, and intellectual development is directly tied to the infant's physical well-being.
- Teaching strategies for infants from birth to four months should emphasize developing muscular control in the hands, neck, and arms, establishing regular eating and sleeping routines, providing a stimulating environment, and developing emotional and social security through bonding with caregivers.
- Infants continue to progress in all developmental areas from four to eight months of age. They are awake and alert for more hours during the day, creep, grasp objects, express a wide range of emotions, begin to develop the concept of object permanence, and start to initiate interactions with others.
- Teaching strategies for infants four to eight months should provide appropriate visual stimulation, safe play areas, toys, positive social and emotional contacts, opportunities for self accomplishment, and exploration.
- Between eight and twelve months of age, infants are mobile by creeping, crawling, and walking with assistance. They can also grasp objects, become possessive of people, and begin to use combinations of sounds, babbling, and words to communicate with others.
- Teaching strategies for infants eight to twelve months of age should emphasize large muscle development, develop fine motor skills such as grasping, allow the child to make choices, develop positive behaviors, provide sensorimotor activities, and help with language development through activities such as identification of objects.

Words To Know

anoxia
babbling
birth defects
cooing
differentiation
enzymes
fetus
genetic
genetic counseling
inherited
jaundice
mobility
neonate
object permanence
prenatal development
reflexes
reflexive behavior
sphincter muscles
state
stranger anxiety
tactile stimulation
temperament

Questions For Review

1. List three types of birth defects known to be caused by heredity. How can these be avoided?

2. List four types of outside environmental influences which can harm a fetus.

3. Why should a neonate be covered with clothing and/or a light blanket at all times? From what part of the body is most of an infant's body heat lost?

4. What is jaundice? Why is it common in newborns?

5. Name the four categories of the neonate's sensory abilities.

6. Name six physical states of the newborn. What physical characteristics are common to each state?

7. Around what should the care of infants be centered?

8. Name four examples of daily routines used in the care of infants. List one teaching strategy for each of the four routines.

9. There are three age groups of infants: birth to four months; four to eight months; and eight to twelve months. Name the developmental areas and the characteristics of infants in each age group.

10. Name two teaching strategies for each developmental area in each age group listed in question nine.

11. Discuss the caregiver's role in the physical development of infants.

12. How can a caregiver aid the emotional development of infants?

13. What safety guidelines should be followed in caring for infants as they become mobile?

14. How can caregivers assure safety for infants as they learn to explore objects by tasting them?

[redacted]

15. How can a caregiver help promote language skills in infants?

16. What teaching strategies can an individual caregiver use to promote intellectual development for infants eight to twelve months old?

17

Chapter Seventeen
Toddlers

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques.(f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)
- Point out developmental differences in children of various ages.(f1B)

OBJECTIVES TO ACHIEVE

- Describe major characteristics of toddlers from 12 to 18 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 12 to 18 months of age.
- Describe major characteristics of toddlers from 18 to 24 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 18 to 24 months of age.
- Describe major characteristics of toddlers from 24 to 30 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 24 to 30 months of age.
- Describe major characteristics of toddlers from 30 to 36 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 30 to 36 months of age.

Toddlers

Children are ***toddlers*** between ages one and three when they normally learn to walk. The new ability to move around allows the toddler to explore, discover, and learn. Toddlers are normally energetic and impulsive. They can crawl, walk, open drawers and doors, throw objects, climb up stairs, and climb over objects. These new skills, often used at full speed, can lead toddlers into danger. Safety is a major concern of caregivers for children at this age. Caregivers should always be alert for unsafe behavior, broken toys, and other safety hazards. Many new objects a toddler encounters will cause frustration and fear. Although toddlers need to gain independence, the fact is that they are still dependent. Such conflict may result in temper tantrums and negativism because of frustration.

The concept of object permanence is important to the social and mental development of toddlers. Toddlers are much more aware of their world than infants. Toddlers act differently around familiar people than they do around strangers. They look for familiar objects that have been moved or hidden. Language develops to the use of recognizable words.

A toddler's physical development centers around muscular control and growth. Emotional development is shown through attachments to caregivers and more independence. Social development for a toddler is shown in the child's ability to play alone, alongside others, and eventually to share. The intellectual development of toddlers centers around learning problem-solving and language skills. Teaching strategies must provide nurturing. Play activities and language experiences are also very important to toddlers' development.

Sample teaching strategies for each area of development are included at the end of the chapter. These strategies should be adapted for the developmental level of each toddler. Physical, emotional, social, and intellectual development in children are completely interrelated and cannot be taught separately. Having positive, nurturing interactions with toddlers is very important to their development.

TWELVE TO EIGHTEEN MONTHS OF AGE

Toddlers from 12 to 18 months of age are very active as they discover their world. They touch, grasp, move, and taste. Yet toddlers may be frustrated if they cannot complete tasks without help. Teaching strategies must allow for frustrations of toddlers. Activities should allow for differences in development of each toddler. Table 17.1 provides example teaching strategies appropriate for use with 12 to 18-month-old toddlers.

Physical Development

Major physical traits of 12 to 18-month-old toddlers include the ability to stand up, walk, or crawl; reach and grasp; visually search an area; feed themselves; and carry objects. Most changes in toddlerhood result from the development of muscle control and coordination. Other physical changes also affect the toddler. Vision abilities increase and sleeping and eating routines change. Toddlers enjoy and grow from varied teaching strategies that arouse their senses and use their muscles. Large muscle activities, such as walking, should be emphasized. Activities should also involve sensory experiences with materials such as puzzles, shapes, and blocks.

Muscular control - Large muscle skills become better developed during toddlerhood. Toddlers continue to lurch, fall down, and bump into things as they learn muscle control and coordination. Toddlers walk with their legs spread far apart and arms held high for comfort and balance. As toddlers get older, their steps become more even. They learn to use their hands for carrying objects. Toddlers have developed the fine muscle skill of grasping. However, it is difficult for them to relax muscles to release objects. This trait may cause toddlers to fling or throw toys when trying to release them. It often takes months for a toddler to be able to relax muscles when desired. Be alert for safety hazards caused by toddlers who throw objects. Good supervision and alert reactions may prevent injury to other children.

Seeing - Toddlers enjoy watching objects, people, and actions. The toddler's world should contain different types of visual stimuli. Children may look around in an area to search for a favorite toy or a new toy of interest. Toddlers should be allowed to gaze for as long as they need to. Be ready to assist if a child asks for help or appears to want help. A variety of stimulating and interesting visual experiences aid toddlers' development.

Sleeping - As toddlers mature they may change from taking two naps per day to one nap per day. Some children make this change more rapidly than others. Teaching strategies should include quiet activities before nap time. A darkened room, soft music, and comfortable sleeping areas help toddlers relax. If possible, lunch should be moved to an earlier time for toddlers so an earlier afternoon nap can be scheduled. Rearranging the schedule might keep some children from falling asleep during lunch.

Eating - Toddlerhood is a time of learning and growing independence. Toddlers want to learn to feed themselves and should be allowed to do so. Teaching strategies for eating, as with other daily routines, should encourage learning. These strategies should be kept as free as possible from time limits and adult rules. Activities before mealtime should be quiet to encourage a good appetite. Eating areas should be as calm and quiet as possible. Caregivers should act as role models for good manners. However, toddlers need to touch food and eat with their hands sometimes. Having child-sized tables, chairs, cups, utensils, and smaller portions of food help to encourage self-feeding. Colorful foods, both new and familiar, in different textures and flavors should be served.

Emotional Development

Between 12 and 18 months, toddlers may feel conflicting emotions of dependence and independence. This range of emotions is frustrating to children and caregivers. Toddlers' frustration may result in temper tantrums, physically aggressive behavior, or negativism. Separation anxiety is another common emotional problem for toddlers. Often toddlers will become upset when separated from parents or a favorite caregiver, so patience and understanding will help. Provide toddlers with nurture and positive learning experiences. Teaching strategies should allow toddlers to express feelings while learning to control behavior.

Temperament - Heredity and environment affect a child's temperament. Various characteristics have been measured to identify temperament styles of children. Characteristics which seem to be useful in measuring temperament include the following:

- activity level
- behavior regularity
- approach or withdrawal
- adaptability
- responsiveness
- intensity of reaction
- mood quality
- tendency to be distracted
- attention span

Through measuring temperaments, researchers have identified three temperament styles. The ***easy child*** displays behavior which is regular (consistent). He or she approaches situations positively, adapts well, and displays a positive mood. The ***difficult child*** displays irregular behavior and withdraws with negative reactions. He or she usually does not adapt well and expresses negative moods. The ***slow-to-warm-up child*** displays mildly intense reactions which may be positive or negative. He or she displays behavior which is mildly irregular. Teaching strategies should allow for individual differences in children. Activities should encourage each child to develop his or her own sense of identity.

Emotional responses - Toddlers seek independence by controlling their surroundings. These attempts at control are sometimes emotional. Toddlers often resist when others try to control their behavior. They may often be negative because of their struggle for independence. These negative responses are normal. These responses show that children are trying to express their new abilities.

Toddlers continue to waver between dependence and independence. Sometimes toddlers have experiences they cannot handle. They may not be able to communicate their frustrations or needs. As a result, toddlers may cry, show physically aggressive behavior, and throw temper tantrums. Teaching strategies should teach positive, self-controlled behavior.

Control of emotional responses - There are several strategies caregivers may use to aid toddlers' emotional development. It is very important for caregivers to be consistent in setting up and enforcing rules. Modeling appropriate behavior is also very important. Children learn their concepts of right and wrong from adults. Eliminate all but the most basic rules. Set reasonable limits. Make clear and simple corrections. Use positive communication and intervention techniques. These guidelines help children to develop more appropriate and self-controlled behavior. When a warm, secure, and fair environment exists, teaching strategies can aid in the emotional development of toddlers.

Social Development

Toddlers are self-centered. They understand the world only from their own point of view. From 12 to 18 months, toddlers begin to develop the concept of object permanence. They are able to separate "self" from other objects and people. At this age, toddlers most often play alone or alongside others. They do not interact with each other in play. Often, a toddler's first social attempt is with a caregiver. Teaching strategies should allow toddlers to play by themselves. Activities should also encourage some positive, sharing interactions with others.

Self - Developing the concept of object permanence provides the basis for self identity. Children gain knowledge about themselves during the first year of life. As toddlers continue to understand themselves, they use words such as I, me, my, and mine. These words represent the toddler's point of view. They do not understand that there are other points of view. Toddlers believe the whole world feels and thinks exactly as they do. In the process of learning who they are, toddlers learn to distinguish between themselves and others. By around 18 months, toddlers are able to recognize themselves in the mirror.

Others - Toddlers behave differently toward different people. When they recognize familiar caregivers, they are eager and excited. With substitutes or new caregivers, toddlers may be withdrawn and quiet. Toddlers use different behaviors to get attention from their favorite caregivers. Caregivers should recognize and respond to these needs for attention. Understanding the toddler's newly developed sense of self and others is key to teaching and caring for toddlers. Caregivers should be patient and understanding in their attempts to help toddlers develop socially.

Intellectual and Language Development

Between 12 and 18 months of age, intellectual development increases. These increases are largely due to exploration, imitation, and the understanding of object permanence. Language develops through imitation of words and sounds toddlers hear spoken to them. Teaching strategies should include hide and seek games, classification games, reading books, imitation and pretend games, and verbal games. These activities encourage language development.

Exploration and imitation - As object permanence is learned, toddlers may look for a toy that is hidden or moved. They also begin to be curious about what causes certain things to happen. They learn by exploring and experimenting. Toddlers experiment by prying, poking, dropping, and looking at their toys. Logical reasoning is not a part of these activities. Toddlers do not try activities just to achieve success. They want to observe the results of their own actions.

The attention span of toddlers is short. They do not spend much time with one activity or toy. They lose interest quickly. Toddlers constantly explore things around them. They gradually become aware that others can cause actions to happen. Toddlers then begin to imitate the behavior of others in their play. They also develop their own play habits as well as copying how others play. In imitating, children may walk like another child or try to sit or stand like their favorite caregiver. This imitation of rituals should be encouraged in toddlers.

Language development - Language development changes from babbling sounds to use of more recognizable words. Toddlers talk about current happenings, needs, and desires. Caregivers need to be available to listen and respond. Before language develops fully, a child may communicate needs through body language and facial expressions. Encourage verbal communication skills through books, reading, imitation of sounds, nursery rhymes, songs, and even writing. These teaching strategies work best when caregivers give individual attention, affection, and encouragement to toddlers.

EIGHTEEN TO TWENTY-FOUR MONTHS OF AGE

Toddlers in this age group gain more control over large muscles and continue to develop fine motor skills. They prefer large muscle activities like climbing, running, jumping, and riding. Toddlers also enjoy small muscle activities like assembling, sorting, or building.

The relationship between caregiver and toddler constantly changes. As a toddler becomes more independent, the child's relationship with the caregiver changes. Emotionally, toddlers begin to fantasize. Their behavior may become more spirited than before. Be flexible and supportive with toddlers. Maintain control gently yet firmly.

As toddlers get older, they start to share with others and expand social relationships with others. Object permanence is understood. Vocabulary expands rapidly. Children label and recognize objects. Toddlers at this age begin using mental trial and error rather than physical trial and error. As always, teaching strategies should allow for differences in the level of development of individual children. Example teaching strategies appropriate for use with 18 to 24-month-old toddlers are included in table 17.2.

Physical Development

Toddlers between 18 and 24 months are much more stable and coordinated. They have more control over small muscle actions. They can release objects which have been grasped. By this age, most children show a tendency to use the right or left hand. They should be encouraged (not forced) to use the hand that feels comfortable to them. Toddlers in this age group may have most of their baby teeth and begin to use a toothbrush. Teaching strategies should provide ample time and space for active toddlers. They should be allowed the freedom to attempt to do as much as possible by themselves.

Muscular control - Muscular control is greatly increased in children this age. They can walk forward, backward, and sideways. Most can kick a ball, pedal a cycle, and climb stairs by holding onto a rail or a hand. They can also throw more accurately than before. Toddlers have more wrist flexibility. This aids them in digging, twisting lids off of jars, turning pages of books, and scribbling with a marker. Teaching strategies might include puzzles and games with easy to grasp knobs. Sensory experiences with materials such as pegs, shapes, and blocks provide useful learning. Supervised free play on wheeled toys, slides, and in a sandbox are important activities for toddlers.

Daily routines - Because of increased abilities, toddlers become able to perform more ***self-help skills***. These skills are ones which allow them to be more independent in helping themselves. Toddlers control their cups and spoons better by this time. However, feeding themselves may still sometimes be messy. Toddlers may become more particular about food choices. Caregivers should not force a child to eat. Meals should provide good nutrition, and a variety of foods should be offered. As toddlers gain more muscle control, they can feed themselves more easily. They also become able to brush their teeth. Toddlers in this age group have most of their baby teeth. Allow toddlers to brush their own teeth and assist whenever necessary. They may need help in applying toothpaste or in washing their faces after brushing. Some children may show an interest in the potty chair during this time. However, they are usually not ready to begin toilet training. Teaching strategies for toilet training are included as part of the physical development of toddlers between 24 and 30 months of age.

Emotional Development

During the 18 to 24-month period, toddlers continue to develop self-esteem through interactions with others. Fantasies increase at this age. Often children cannot be talked out of their fears. Toddlers need secure relationships with caregivers and daily routines. Their emotional behaviors become more intense at this age. They also tend to have more changes in their moods. Aggressive behavior may happen more often. Teaching strategies should provide security to calm children's fears and negative feelings. Caregivers should model consistent behavior. Positive feedback helps toddlers build their self-esteem.

Emotional responses - Toddlers express feelings openly. They may show one or more emotions at the same time. Toddlers cannot separate their feelings from their behavior very easily. When toddlers show physical aggression toward another child, they do not realize their actions hurt. Hitting, biting, hair pulling, spitting, and pushing are common aggressive behaviors seen in toddlers.

Fears and fantasies may increase during this time. Caregivers should enjoy happy, fun fantasies with children. They should also be comforting and accepting of children's fears, even when they are not logical fears. Toddlers may shyly cling to a caregiver and later reject the same caregiver. They change moods from happy to crying or confident to fearful in a matter of moments.

Control of emotional responses - Toddlers begin to try to control the reactions of other people. Caregivers may make simple rules for children's emotional responses and behavior. It is very important to help the toddler develop self-esteem. Caregivers should be careful to express acceptance of each child. When the caregiver shows approval of a child's positive behavior, the child feels loved. In the child care center, adults must set limits on negative behavior and enforce rules. Keep the rules simple and give clear, consistent explanations when rules are broken. As a result, children gain a sense of security and begin to develop a sense of right and wrong. Respect the feelings and fantasies of children. This respect may be shown by allowing children to play unrealistic games or listening to a child's fantasies as if they were real.

Social Development

A toddler's use of the personal pronouns "I," "me," "my," and "mine," shows the child's self-centered view of the world. Yet at this age, toddlers begin to understand the word "you." Children in the 18 to 24 month age group will not play in a group activity for more than a few minutes. Most of them function best in a one-to-one situation or playing beside each other. Teaching strategies should help develop positive feelings of self-worth and encourage getting along with others. Plan group activities with only a few children and space them as far apart as possible.

Self - Although toddlers are still very self-centered, they begin to realize that others are different. They may be seeking patterns for their own identity. Toddlers experiment by changing their identities from day to day. At this age toddlers also begin to identify objects as their own. Caregivers should be careful to recognize and allow ownership of toys.

Others - The toddler begins to be aware of the feelings of others. Usually a toddler's first social contacts are with a caregiver. Toddlers want to show their favorite caregivers their drawings and toys. They want to share their troubles and joys. They work hard to get attention and affection from caregivers. It is important for caregivers to allow and recognize these self-centered attempts at socialization. Toddlers need time to work out their individuality before they can play with others. The ability to play by themselves is very important. This ability helps toddlers entertain themselves and prevents them from becoming overly dependent on others.

Group activities for toddlers should be flexible due to short attention spans, lack of interest, and inabilities to play with others. Fidgeting, talking, clapping hands, and stomping feet are normal behaviors for many toddlers. Simple games and activities are good for toddlers. Songs and stories with motions help to hold children's attention and use some of their extra energy. When possible, toddlers should be allowed to move to different group activities individually. Group activities should be held in small groups. They should be scheduled after children have had a chance to play by themselves. Usually children who are in child care on a regular basis will improve at group participation with practice and time.

Intellectual and Language Development

Toddlers, 18 to 24 months old, begin using mental trial and error. Object permanence is understood. Toddlers begin to use symbols to represent objects, ideas, and feelings while they play. Teaching strategies should include mental trial and error exercises, symbolic or pretend play, and object permanence through hide-and-seek games.

By 18 months, toddlers are usually able to name a few familiar objects seen in pictures. As their language skills develop, toddlers begin to put together two or three-word sentences. Their vocabulary will grow to between 20 and 50 words. Caregivers should not discourage toddlers from speaking by correcting their grammar. To encourage good language skills, model good language usage. Encourage children to repeat proper language usage. Having frequent conversations with children helps language development also.

Developing Intellectual Skills - Though intellectual development is increasing, the toddler does not think like an adult. A young toddler cannot understand concepts such as "good" or "bad." Toddlers need to learn these concepts through repeated learning experiences. Symbolic play aids in intellectual development. It allows toddlers to express and work out conflicts in a pretend world. It also helps them meet needs that have gone unsatisfied. Teaching strategies might include simple puzzles. These puzzles help children to reason mentally in placing the pieces together correctly. Clothing and other equipment should be provided for imitation or role-playing. Playing hide-and-seek games with objects also helps with mental development. Toddlers should be allowed to work as much as possible by themselves.

Developing Language Skills - Toddlers in this age group are ready to start learning social words such as hello, thank you, and please. They learn such language skills by imitating caregivers. It is important that caregivers talk with toddlers. Ask them questions. Listen and reply to their responses. Explain daily routines as toddlers perform them. Speak clearly and simply by using short sentences. Change voice intonation to emphasize key words and speak slowly. These methods prompt the child to imitate correct language usage. Play games with children by naming and categorizing fruits, vegetables, colors, sizes, shapes, or textures. These games encourage proper language development. Toddlers should be encouraged to explain their choices without being pressured.

TWENTY-FOUR TO THIRTY MONTHS OF AGE

Toddlers between 24 and 30 months continue to develop better muscular control. Most are ready for toilet training. Feelings about self, such as self-image, competence, and acceptance, are developing. These children still have trouble sharing. However, they are able to recognize some emotions in others. They sometimes express concern and comfort. Toddlers at this stage can mentally sort out some objects or actions. They can form some verbal thoughts although meanings of words may change. Teaching strategies should still revolve around daily routines. Strategies should be flexible to allow for unusual situations or needs that might arise. Skills such as dressing, toileting, eating, and cleaning up are important in order for toddlers to be independent. Example teaching strategies appropriate for use with 24 to 30-month-old toddlers are provided in table 17.3.

Physical Development

Toddlers at this age are about one-half their adult height. They develop enough physical control of their muscles to have more flexible and stable movements. Toddlers are experiencing rapid growth. It is necessary that they have plenty of rest and proper food. Two-year-olds play hard and tire easily. Without proper rest, they may be cranky and have less control over their bodies. Toilet training is a very important developmental task of this time period. Most children are around two years old before the nervous system and muscles are developed enough for toilet training. Usually the older the child, the easier toilet training is. Teaching strategies must allow for special needs of this age group due to toilet training.

Muscular control - Toddlers at this age can stand, bend, walk, run, and jump. Their eye-hand coordination is more accurate. Toddlers can reach and grasp objects easily, fit objects together, and can eat with a spoon. They use either the right or left hand most often. Many children in this age group now have all 20 baby teeth. Most children this age enjoy throwing and kicking a ball or keeping time to music. They enjoy scribbling with crayons or pencils. Toddlers can turn pages of a book while someone reads to them. They can build things with blocks, such as trains or pyramids. Toddlers can cut with scissors, open and close doors, and much more. They have many physical accomplishments during this period. They have enough muscular control to begin toilet training.

Toilet training - Toilet training should begin when a child understands the relationship between a bowel movement and using the toilet. Before then, it is a waste of time and emotionally disturbs the child to try training. Toddlers who are ready to begin training tend to exhibit the following clues: showing an interest in the habits of children who are training, knowing when they need to urinate (shown by facial expression or physical stance), having the ability to stay dry for several hours, and having the ability to follow simple directions. A potty chair may also spark interest in toilet training and gives a child more independence during training.

The toilet training process should be broken down into small, teachable steps. Toddlers should learn their internal warning signals. They should learn to go to the potty chair, lift the lid, lower their pants, seat themselves, wait until the elimination is completed, wipe and redress themselves, and flush the toilet or empty the pot. Toilet training is usually done in three steps. First, bowel training is started. Bladder control is harder and usually takes longer. Bladder control during waking hours is the second step to learn. Control of the bladder during sleep is the final step in learning toileting.

Caregivers should understand that there may be no results at first. Caregivers should act calm, pleasant, and unhurried so as to not upset the child. Children should be encouraged to complete toileting activities. They should not be pressured. They should not be left alone in the bathroom for more than five minutes. Success should be praised although not too much. Remember that toileting is a big step in toddlers' growing up. They should be made to feel as comfortable as possible when things go wrong. Excitement, hard play, illness, or a change in routines can make toddlers forget bladder control.

Emotional Development

The conflict between autonomy and self-doubt begins about age two. Just as toddlers are becoming more independent, they start to realize their need for help in some areas. If children receive encouragement and support, they develop ***autonomy***. If children are shamed and doubted, they come to doubt themselves. Toddlers gain autonomy best when surroundings allow them to master self-help skills. Toddlers' desire to be independent makes it difficult at times for them to be cooperative. Cooperative behaviors are encouraged by modeling, positive reinforcement, setting limits, and consistent routines.

Emotional Responses - Exploring and investigating by toddlers show they want independence. As children grow, they begin to learn that they can control certain things around them. When toddlers must depend on others to meet their needs, they may become frustrated. In the early childhood years, toddlers learn to "wait" longer for needs to be met.

Toddlers attempt to please and show affection. They also show anger, fear, and aggressive behavior. A special trait of two-year-old toddlers is their desire to help caregivers clean up. Although this may take extra time, caregivers should work along with the child. Talk about the job being done. Offer suggestions on what to do next. Avoid forcing a child to hurry without encouraging them. Try not to step in to finish a toddler's job. These practices by caregivers tend to teach impatience to toddlers. Children may also feel unworthy as a result. Aggressive behavior may be the result of trying to get attention. When toddlers bite or hit another child, caregivers should give all their attention to the injured child. The child who bites or hits will not like being left alone.

Control of Emotional Responses - Caregivers of toddlers should set limits in positive ways. Rather than saying "no," "not now," or "don't touch," try saying "keep your hands off" or "later." Appropriate limits focus on what children are allowed to do rather than what they are forbidden to do. The following guidelines will help toddlers learn control of their emotional responses in positive ways:

- Be a model for toddlers. Remember that children learn through imitation.
- Speak in a friendly, low-pitched natural voice. Avoid long explanations, lectures, and complicated directions.
- Phrase suggestions and directions positively. Avoid threats. Avoid using "don't" and "no" too often.
- Reinforce or follow through on a suggestion with gestures and physical help. Toddlers often need to be shown what to do.
- Accept the feelings toddlers express. Help them to recognize and express their feelings verbally. The caregiver's goal is not to suppress toddlers' feelings. The goal is to teach them to express feelings in an acceptable way.

Social Development

Setting limits and correcting behavior creates a social relationship as well as teaching emotional control. This relationship involves helping, giving, sharing, and teaching. For toddlers 24 to 30 months old, learning a few rules is a necessary part of life. As the difference between "good" and "bad" is learned, toddlers will want to do what is "good"; good deeds bring them praise from caregivers. The need for approval influences toddlers greatly. Caregivers should use this influence wisely and aid toddlers in social development as well as emotional growth.

Self - Two-year-old children need assurance that there is someone who can protect them. This need leads them to seek approval of their actions. For example, a 24-month-old child who makes a building out of blocks may seek approval. The child is seeking social approval as well as developing fine motor, language, and intellectual skills. Receiving approval helps toddlers develop pride and confidence in themselves. Learning self-help socialization skills is a major part of the development of toddlers.

Caregivers must also include socialization skills that help toddlers get along with others. Simple rules, limit setting, and fair and consistent enforcement of rules will guide toddlers toward this goal.

Others - Being self-centered prevents young toddlers from seeing other points of view. They cannot see the results of their own actions. In the 24 to 30-month-old age group, toddlers gradually recognize how others feel. They may hug a child who is hurt or give a crying child a toy for comfort. Caregivers should respond to these first attempts at socializing. Toddlers will then begin to see possible results of their own aggressive behavior as they grow older.

Toddlers enjoy parallel play more than group activities. Sharing is not common with toddlers. Short group activities should be scheduled in the late part of the morning. This time offers toddlers the best chance for positive group interactions. Above all, toddlers should be allowed to progress socially at their own paces. They will soon develop an awareness of other children and receive pleasure from their company.

Intellectual and Language Development

Two-year-old toddlers quickly become thinkers. They begin to work things out in their minds before taking action. Interest begins in creative activities such as drawing or block building. Toddlers become interested in television and pretend play. They begin to understand simple cause and effect and about chains of events. They learn about results of their behavior and the passage of time. They continue to confuse "today" with "tomorrow" and "yesterday" with "today."

Toddlers at 24 to 30 months begin to put together two or three-word sentences, such as "See car go." Non-essential words are left out of these sentences. This is called ***telegraphic speech***. Avoid using "baby talk" with toddlers. Talking down to children confuses them. It also sets a poor example for them to follow. Caregivers should not talk above the child's level either. Long lectures and big words only bore young listeners. Be understanding of children who are trying to learn more than one language. Some children may be learning a different language at home. This may cause them great anxiety. The language setting of the child care center may be frightening and strange to a two-year-old toddler who has no experience with it.

Intellectual development - The development of intelligence involves learning to control impulses and emotions. The toddler learns through trial and error. Much of this learning is very concrete. Abstract thinking follows later. Children best understand experiences related to themselves. Therefore, much learning occurs through physical interaction with surroundings. Toddlers gradually come to recognize likenesses and differences. They slowly learn to place things in categories. Toddlers learn colors and basic shapes. They learn to solve problems such as puzzles. They begin to understand the relationship between pictures and reality. During this period, children also learn to make comparisons. These skills are based on the toddlers' newly developed ability to mentally manipulate ideas.

Language development - Growth of language in toddlers is greatly influenced by adults who talk with and listen to them. Children pattern their sentences from hearing others use word patterns. Children also learn stress and intonation. Using stress and intonation helps toddlers share their specific needs. For example, "MY ball" indicates a child's feelings of ownership. Saying "my BALL" might show a child's enthusiasm at seeing a new ball. Reading, thinking, problem solving, and communication encourages language growth and other mental development. Stories read aloud are a major teaching strategy used with toddlers.

THIRTY TO THIRTY-SIX MONTHS OF AGE

As toddlers become more confident in their physical abilities, they tend to experiment more at the intellectual level. The toddler learns to use mental symbols or words to represent absent objects and past events. Toddlers are willing to recall past experiences in dramatic and imaginative play. The new ability is also related to the child's growth in understanding and using words. Teaching strategies should provide challenging activities to encourage further growth in all developmental areas. Example teaching strategies appropriate for use with 30 to 36-month-old toddlers are provided in table 17.4.

Physical Development

Most toddlers are more confident in their physical abilities between 30 and 36 months. Caregivers should be alert for children who are developing more slowly than others. Remember that periods of rapid physical growth cause toddlers to lose control of their feet and stumble over things. These periods can be frustrating for toddlers and may result in behavior problems. Teaching strategies for physical development should still focus on learning self-help skills such as dressing, toileting, eating, and washing.

Physical abilities - Children at this age are better at both fast and slow movements. They can walk or run quickly and usually maintain their balance. They can jump, twist, and turn to dress or undress. They can attempt zipping, snapping, and buttoning clothing. At this age, children can carry out sleep routines themselves. Most children have completed toilet training by 36 months of age. They may need occasional reminders to go to the bathroom. Uncluttered floor space and games for running, jumping, and walking should be provided. Having consistent daily routines is very important.

Emotional Development

Toddlers strongly express their feelings and emotions. They let you know how they feel and then may move on to another emotion. Almost anything that is interesting or gives pleasure seems right to a toddler. Children have trouble understanding that it is good for them to take a nap when they are having fun playing. Knowing how toddlers think about right and wrong aids caregivers in helping them accept reality. Caregivers should allow children to express their emotions and confusion with rules and limits. Teaching strategies should allow caregivers a chance to listen to toddlers. Strategies should help guide toddlers toward learning positive and acceptable behavior.

Emotional responses - When toddlers learn skills, their feelings of competence, self-worth, and self-acceptance improve. At this age, toddlers express enthusiasm with learning. Activities should provide challenging experiences within guidelines. Toddlers may be physically aggressive to gain control of different areas of their world. They may hit, bite, or be negative as they attempt to assert themselves and show their independence.

Control of Emotional Responses - Learning to control behavior is different from learning to control feelings. Caregivers can help children stop hitting others by showing them ways to express anger without hitting. Children may hit because they have seen others do it. Help toddlers understand why they feel angry. Provide vigorous activities such as running or riding big wheel cycles to help them work out their feelings.

Social Development

As toddlers near their third birthdays, they spend less time in routine activities such as eating, sleeping, and dressing. They have more social experiences. Examples are talking, trying to get attention of a caregiver, or seeking approval from others for completing a task. Playing together is still rather simple and accidental. Most of their socializing happens during physical activities. As toddlers grow older, they cooperate in play and even form deep friendships. Children should be allowed to control some toys or materials for a period of time. Time should be allowed for children to help caregivers in routine tasks. Caregiver/toddler communication is very important. Sharing should be encouraged by giving toddlers chances to share. Children who share should be praised.

Self - Toddlers continue to be self-centered at this stage of development. Toddlers assume that everyone understands the exact meanings of their words. They do not realize that others may have different meanings for the same words or experiences. Toddlers between 30 to 36 months are possessive of toys. As a toddler's sense of self grows stronger, he or she expands interactions with others. These children are more aware of others as individuals. They often try to direct others' actions. They may try to control other people, animals, and toys. Self-control also increases. They can sometimes accept short delays in their needs being met.

Others - Social development cannot be accomplished by oneself. It comes from interactions with other people. When toddlers seek answers to problems or approval from caregivers, they are learning social skills. Toddlers find talking an enjoyable experience when caregivers listen to their thoughts and ideas. This verbal sharing eventually leads them to share other things. Manners are also a social skill. A toddler who has been taught to say "please" and "thank you" may be no more thoughtful than a child who does not know these nice words. However, these toddlers do learn that manners will bring praises and smiles. As a result, they feel good about themselves and may be more friendly. Toddlers learn to be thoughtful in much the same way they learn to share and take turns. If they are kind to other people, other people return their kindness. Teaching strategies should reinforce positive communication and behavior in toddlers.

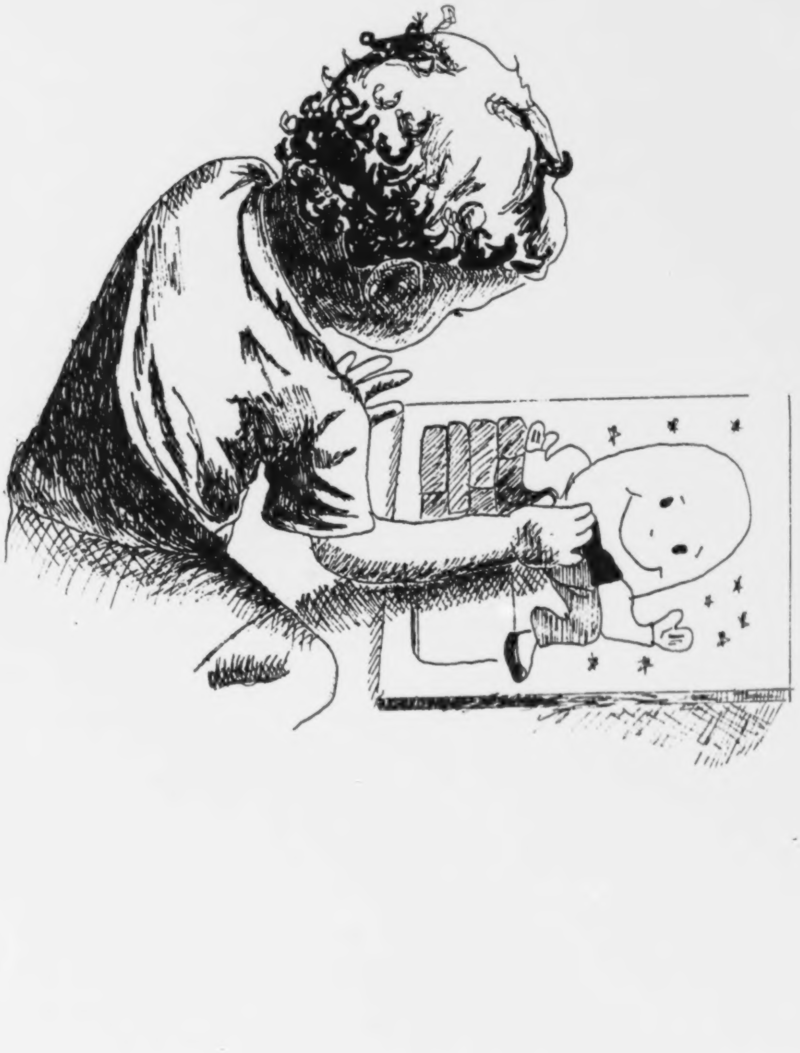
Intellectual and Language Development

As toddlers progress, symbolic thinking increases. Language growth happens rapidly. Toddlers are known for their tendency to get into things. They develop interests in coloring, painting, music, dance, and dramatic play. To aid creative development, give toddlers the chance to explore and work with a variety of materials. Be aware of toddlers' needs. Observe activities which children prefer during free play periods. Such observation help caregivers understand and plan better teaching strategies for toddlers.

It is impossible to separate language from the toddler's overall growth and development. Making certain sounds is not possible until children have gained physical control of their tongues. As toddlers play more with others, the need to talk becomes stronger. Toddlers are able to understand most language they hear before they are able to say it themselves.

Intellectual development - At this age, the toddler can mentally sort events and objects. Children are learning to think about objects and actions without having actual physical experiences. As toddlers mature they have a greater need to set things in order. They are aware of the sequence of events, passing of time, and space around them. Putting toys away gives toddlers the chance to learn about space and order. When playing with puzzles or trains, they can learn about sequence. At this stage, understanding time is limited to understanding words such as "before," "now," and "after." Toddlers become more interested in pretend play during this period. A good toy for pretend play is the telephone. Toddlers usually imitate adults when using a toy phone. At about this age, the children become interested in television. At first, toddlers usually prefer to watch commercials. Commercials are loud, full of fast music, spoken in simple words, and repeated. Even television programs designed for children should be used only occasionally as a learning tool. Children learn best by doing rather than watching.

Language development - At 30 to 36 months of age, toddlers can identify actions in pictures and give their full names. Vocabulary continues to increase. As language skills grow, toddlers start to connect different experiences mentally and can have conversations. Provide words for objects which a child cannot name. Be patient, relaxed, and unhurried in conversations. Pretend play is also good for speech development. The better children speak, the more they will pretend. Toddlers love animals. Using animal sounds helps in getting children to pretend play. Later, toddlers can tell about the things that certain animals do. This helps toddlers practice language skills and learn more about the world. Caregivers may even get tired of the amount of talking which some toddlers do. However, caregivers should be patient with toddlers in developing language skills. This is a time of great joy and celebration for children.



TEACHING STRATEGIES FOR TODDLERS FROM 12 TO 18 MONTHS

Toddlers from 12 to 18 months of age are very active as they discover their world. They touch, grasp, move, and taste. Yet toddlers may be frustrated if they cannot complete tasks without help. Teaching strategies must allow for frustrations of toddlers. Activities should allow for differences in development of each toddler.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Encourage use of climbing equipment, such as padded inclines, sturdy boxes, etc.	Help toddlers develop large muscle coordination and balance.
Provide a safe area and a target for toddlers to throw small, soft objects.	Encourage large and small muscle development.
Put toys and objects available for toddlers in places where they can reach, grasp, and move them.	Encourage eye-hand coordination.
Allow toddlers to help in dressing and undressing themselves as much as possible. Assist when needed.	Help toddlers develop eye-hand coordination and small muscle skills.
Allow toddlers to feed themselves as much as possible. Assist when needed.	Encourage small and large muscle coordination.
Observe and record food preferences. Introduce new foods gradually. Combine new or least favorite foods with favorite foods for needed nutrition.	Help toddlers develop a variety of tastes. Encourage good nutritional habits.

EMOTIONAL DEVELOPMENT

Caregiver Strategy	Objective
Consistently smile and laugh to show happiness. Use a firm voice and no smile to show anger.	Help toddlers develop confidence in recognizing emotions in others.
Provide opportunities and props for acting out fear, insecurity, joy, and anger.	Encourage the toddler to express emotions and resolve conflicts.
Provide touching, stroking, and holding interactions; accept and return physical and verbal affection.	Encourage expression of emotions and develop security with caregiver.
Allow toddlers to attempt activities by themselves. Do not interfere if toddler can succeed without help.	Encourage confidence and expand independence.

Table 17.1

SOCIAL DEVELOPMENT

Caregiver Strategy	Objective
Provide positive reinforcement for the toddler as an individual.	Help toddler develop a positive self-concept.
Provide ample materials and toys so sharing may be encouraged but not required.	Encourage development of social skills while providing for individual needs.
Recognize toddler's attempts to gain affection and attention. Respond quickly to those behaviors.	Provide security and confidence. Encourage communication.
Do not force the toddler to interact with all people. Expect different responses to different people. Accept toddler's choices.	Encourage social interaction.

INTELLECTUAL AND LANGUAGE DEVELOPMENT

Caregiver Strategy	Objective
Hide toy while toddler watches. Ask child to find it. Praise successful efforts. Provide time and materials that encourage the child to search and identify the cause of certain actions, such as rolling a ball under a chair.	Help toddlers develop concept of object permanence. Encourage toddlers to investigate cause and effect relationships.
Encourage child to imitate and pretend to perform the actions of others. Allow the child to develop and repeat own preferences.	Encourage development of positive behaviors and development of rituals.
Repeat words used by the toddler. Expand toddler's words into short, simple sentences from time to time.	Encourage development of sentence formation.
Play sound games. Point out a picture of an animal and make the sound it makes.	Help toddler develop vocabulary and encourage talking.
Become familiar with toddler's words and gestures. Watch the child's behavior to determine what is being said. Respond appropriately.	Help toddler develop vocabulary. Increase ability to recognize and respond to words that the child cannot say.
Label animals, objects, and persons. Ask toddler to name these items.	Help toddlers develop vocabulary and learn to identify familiar pictures or persons.

Table 17.1 - Continued

TEACHING STRATEGIES FOR TODDLERS FROM 18 TO 24 MONTHS

Toddlers in this age group gain more control over large muscles and continue to develop fine motor skills. They prefer large muscle activities but also enjoy small muscle activities. Emotionally, toddlers begin to fantasize. Their behavior may become more spirited than before. They are more independent, start to share with others, and expand social relationships with others. Object permanence is understood. Vocabulary expands rapidly. Children label and recognize objects. Toddlers at this age begin using mental trial and error rather than physical trial and error.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Provide an area for kicking a ball into a cardboard box or a corner.	Encourage large muscle control and coordination.
Provide space for fast and slow riding of cycles, turning curves, and riding in circles.	Encourage large muscle control and coordination. Help toddlers develop balance.
Provide materials such as zipper boards and jars with lids to stimulate manipulation.	Help toddlers develop small muscle control and coordination.
Provide markers and paper for child to make marks.	Encourage small muscle skills and creativity.
Use daily routines, such as dressing, feeding, and hygiene, as an opportunity for expanding child's abilities to care for self.	Encourage self-help skills.

EMOTIONAL DEVELOPMENT

Caregiver Strategy	Objective
Communicate verbally and nonverbally to the child that he or she is still loved when the child reflects negative or angry feelings.	Encourage expression of emotions and develop self-esteem.
Listen to the child's fears and fantasies. Comfort or enjoy as appropriate. Accept the child's fears as real, reassure, convince of harmlessness, or remove object frightening child if possible.	Help toddlers develop self-esteem.
Allow child to show intense swings in emotions and behavior. Communicate your acceptance of the toddler as an individual. Suggest alternative behavior if needed.	Help toddlers develop self-esteem and encourage emotional expression and self-control of behavior.

Table 17.2

SOCIAL DEVELOPMENT

Caregiver Strategy	Objective
Understand that toddlers think that others feel and think as they do.	Encourage a positive self-image and help establish identity.
Help the child identify and express verbally the feelings others show in their behavior.	Encourage awareness of others and their feelings.
Encourage and work beside a child who wants to help clean up. Explain yourself and carefully word requests to avoid the toddler's negativism.	Encourage desirable social traits.

INTELLECTUAL AND LANGUAGE DEVELOPMENT

Caregiver Strategy	Objective
Allow toddlers time to work out solutions to puzzles. Offer clues to help only if asked for assistance.	Help toddlers develop use of mental trial and error skills.
Identify ideas and themes in child's symbolic play which seem important to the child.	Help identify areas important to fulfilling the children's needs.
Recognize meanings of toddlers' use of words. Take care not to read extra meanings into what the child is really saying.	Provide insight into the children's meaning of different words and concepts.
Patiently answer toddlers' questions in simple, clear, short sentences.	Help toddler develop proper language skills through imitation of positive models.

Table 17.2 - Continued

TEACHING STRATEGIES FOR TODDLERS FROM 24 TO 30 MONTHS

Toddlers between 24 and 30 months continue to develop better muscular control. Most are ready for toilet training. Feelings about self, such as self-image, competence, and acceptance, are developing. These children still have trouble sharing. However, they are able to recognize some emotions in others. They sometimes express concern and comfort. Toddlers at this stage can mentally sort out some objects or actions. They can form some verbal thoughts although meanings of words may change.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Play games with child. Observe safety and appropriateness of materials and play area.	Develop flexibility and encourage use of large muscle groups.
Make up rhyme and/or song that child can clap, dance, and sing along with.	Help toddlers develop rhythm and balance.
Provide food which will stay on a fork.	Encourage use of a fork while eating.
Ask whether child needs to go to the toilet before and after nap and outside play. Assist if necessary. Assist in clean up if needed.	Help toddlers develop positive toileting habits.

EMOTIONAL DEVELOPMENT

Caregiver Strategy	Objective
Provide experiences where child can succeed often and feel good about himself or herself.	Encourage feelings of positive self-worth.
Be sensitive to the child's frustrations with tasks and social encounters.	Provide reassurance of the child's self-worth.
Accept the child's feelings as honest rather than manipulative.	Encourage the child's expression of emotions.

Table 17.3

SOCIAL DEVELOPMENT

Caregiver Strategy	Objective
Label and verbalize children's behaviors and feelings. Provide appropriate responses to these behaviors. Praise when the child recognizes or responds to other's feelings.	Encourage the ability to recognize feelings in others. Help toddlers develop ability to sympathize
Provide materials that require some sharing. Praise child who shares.	Encourage sharing and development of positive social skills.
Provide chances for children to help clean up, pass out items, and assist with clothing. Praise and thank for helping.	Encourage positive social skills.

INTELLECTUAL AND LANGUAGE DEVELOPMENT

Caregiver Strategy	Objective
Allow each child to create his or her own classifications of actions, objects, behaviors, etc. Reinforce child's observations. Question if clarification is needed.	Encourage development of mental ability to sort and define.
Use quantity and space or position words in describing objects or actions.	Help toddlers develop the ability to understand quantity, number, and space words.
Use proper word order, stress, intonation, and expand the child's phrases to whole sentences.	Encourage proper use of words and model the formation of good sentence structure.

Table 17.3 - Continued

TEACHING STRATEGIES FOR TODDLERS FROM 30 TO 36 MONTHS

As toddlers become more confident in their physical abilities, they tend to experiment more at the intellectual level. The toddler learns to use mental symbols or words to represent absent objects and past events. Toddlers are willing to recall past experiences in dramatic and imaginative play. The new ability is also related to the child's growth in understanding and using words.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Play games and sing songs which include jumping, clapping, running in place, and walking.	Encourage development of large muscle control.
Allow ample time for child to manipulate clothes. Assist and demonstrate buttoning and zipping if needed.	Encourage development of small muscle control.
Plan time in schedule for children to do as much of daily routines as possible.	Develop confidence and ability to complete self-help skills.

EMOTIONAL DEVELOPMENT

Caregiver Strategy	Objective
Accept child's initial response. Help child understand feelings and appropriate behavior. Provide activities for child to work out feelings and need for control.	Encourage development of appropriate behavior while expressing emotions.
Reinforce child's excitement with learning. Provide challenging materials, toys, and experiences which child needs to use often to master.	Encourage enthusiasm and help develop mastery of skills.

SOCIAL DEVELOPMENT

Caregiver Strategy	Objective
Provide opportunities for the child to exert acceptable control over others.	Help toddlers develop social skills needed in dealing with others.
Use daily routines to help control wait time (Example: taking turns to wash hands)	Help toddlers develop ability to wait for needs to be met.

Table 17.4

INTELLECTUAL AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Have child use art to represent objects, feelings, ideas, etc. Listen to child's explanation of picture.	Encourage ability to think symbolically.
Use time words in daily routines, such as "We take a nap after lunch."	Help toddlers develop an understanding of time concepts and words.
Read aloud. Use expression. Tell storyline. Listen to children "read."	Help toddlers develop reading skills. Encourage proper use of language.
Write notes to children and others. Label objects.	Encourage child to scribble.

Table 17.4 - Continued

Points To Remember

- Toddlerhood occurs between ages one and three and is a period when a child attempts to discover his or her world.
- Teaching strategies for toddlers 12 to 18 months should emphasize development of large muscle coordination and balance, development of eye-hand coordination, improvement of small muscle coordination, and development of a variety of tastes.
- Toddlers experience a time of rapid physical, emotional, and social development. It is also a rapid development period for intellectual and language skills.
- Teaching strategies for toddlers 18 to 24 months old should emphasize all the skills being developed in the 12 to 18-month period in addition to teaching self-help skills.
- Toddlers in the 24 to 30-month period learn symbolic thinking and many new words.
- Teaching strategies for toddlers 24 to 30 months should emphasize development of flexibility of large muscles, development of rhythm and balance, encouragement of the use of eating utensils, and the development of positive toileting habits.
- In the 30 to 36-month period, toddlers experiment with more internal, mental levels than with external, physical skills.
- Teaching strategies for 30 to 36-month age group should continue to emphasize strategies in the previous stage with more emphasis on development of self-confidence and abilities to complete self-help skills.

Words To Know

autonomy
difficult child
easy child
self-help skills

slow-to-warm-up child
telegraphic speech
toddlers

Questions For Review

1. What is toddlerhood?
2. What are some broad, general statements that can be made about toddlers?
3. There are roughly four age groups in toddlerhood: 12 to 18 months, 18 to 24 months, 24 to 30 months, and 30 to 36 months. Briefly discuss the physical, emotional, social, intellectual, and language differences and similarities in these groups.
4. Describe different teaching strategies that can be used for each age group in question three.

5. Discuss the caregiver's role in the physical development of toddlers.

6. How can the caregiver help the emotional development of a toddler?

7. When is the best time to begin emphasizing intellectual and language development? Why?

8. At what age should toilet training begin? Why?

9. How can the caregiver promote good social development?

10. What is meant by self-help skills? How can these be promoted?

18

Chapter Eighteen
Preschoolers

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques.(f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages.(f1B)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Explain the importance of recognizing normal developmental differences among children of the same age group.
- Describe major characteristics of three-year-olds.
- Outline appropriate teaching strategies to meet the developmental needs of three-year-olds.
- Describe major characteristics of four-year-olds.
- Outline appropriate teaching strategies to meet the developmental needs of four-year-olds.
- Describe major characteristics of five-year-olds.
- Outline appropriate teaching strategies to meet the developmental needs of five-year-olds.

Preschoolers

Preschoolers are children who are three, four, and five years old. Preschoolers are like scientists. They wonder about themselves and their world. They learn by testing themselves and their surroundings.

Preschoolers come in all sizes, shapes, and speeds. Caregivers should not forget that each child is an individual. When children are grouped by ages, development is discussed in terms of norms. A ***norm*** is what is "average" for that age. What is "normal" for one child may be above or below the "average." The same child may differ in developing different behaviors or skills. The child of three may speak like a child of four or five. However, he or she may run and jump like other three-year-olds. The same child may sometimes have temper tantrums like a two-year-old.

Even though differences exist within age groups, it is helpful to know what to expect from each age group. Understanding an age group helps caregivers plan activities and structure routines which meet children's needs. This knowledge also helps caregivers identify children's behaviors that may need special attention.

Many five-year-olds in child care attend a public school kindergarten part of the day. They may be in child care both before and after kindergarten. The same is true for four-year-olds who attend public prekindergartens. Child care programs can meet the special needs of these children. Such programs should reinforce and complement their other "school" experiences.

Suggested teaching strategies are listed in this chapter. Although they are listed by age level, they can be adapted to other age levels. These teaching strategies are only examples. Caregivers may select others from available books and references on preschool curriculum.

Many teaching strategies are used as a caregiver sees the right moment during the child's play (***discovery model***). Other strategies are led or begun by a caregiver (***instructional model***). In all cases, caregivers should prepare and maintain surroundings which fit the developmental levels of the children.

Sample teaching strategies for each area of development are included at the end of the chapter. These strategies should be adapted for the developmental level of each preschooler. Physical, emotional, social, and intellectual development are completely interrelated. They cannot be taught separately. Having positive, nurturing interactions with preschoolers is very important to their development.

THREE-YEAR-OLDS

Age three is a leveling place between the demanding twos and the energetic fours. Three-year-olds are very busy and become more capable of caring for their own needs. As three-year-olds mature, they learn to communicate more clearly with others. Table 18.1 provides example teaching strategies appropriate for use with three-year-old preschoolers.

Physical Development

Three-year-olds are in a state of steady growth. Their bodies are more manageable than they were at age two. Balance is improving and they can stand on one foot for short periods of time. Large muscles are developing. Three-year-olds can run and jump easily. Skipping and hopping are often too difficult for them. They have more control over their activities. Pedaling a tricycle and climbing are easier than before. At this age, children have a sense of rhythm. They like moving to music with movement such as running, jumping, and galloping.

Small muscle development and coordination also improve. However, small muscle skills are not as advanced as large muscle skills. Three-year-olds can put simple puzzles together and can draw with some control. Their movements may be awkward and slow. They enjoy simple finger plays. They can dress themselves with little help.

Three-year-olds are extremely busy. They hurry everywhere. Their attention span is still short (10 minutes or less). Their interests are beginning to expand. Since they are so active, three-year-olds need a midday rest even if they do not sleep.

Most three-year-olds are toilet trained and usually can take care of toileting. Sometimes accidents will happen. Three-year-olds want to develop control over their body functions. They should never be punished or shamed for toileting accidents.

Emotional and Social Development

Three-year-olds usually are happy with themselves. They try to please and conform. They are becoming more sociable. They begin to play together in small groups and talk about what they are doing. They can wait for turns and share toys. They may not want to share a workplace. They are interested in other people and often will show concern if another child gets hurt.

Generally, three-year-olds do not have a "best friend." They will be friends with children of either sex who are playing nearby. Three-year-olds make a real effort to please peers. They may become very upset if a peer says, "I won't be your friend."

Three-year-olds are eager to learn. They often say, "I can do it myself." They often tend to complete tasks slowly. Caregivers need to develop patience to work with this age group.

Three-year-olds show a variety of emotions. Sometimes they will try to get attention by showing off. At other times, their fears cause them to seek comfort. They may cry or strike out when they are frustrated. At these times, they need the comforting attention of a caregiver. Three-year-olds still depend on adults for security, approval, comfort, and praise.

Three-year-olds like repetition. They begin to use imagination. They like the repetition of familiar stories. They enjoy hearing stories read over and over. Three-year-olds may have make-believe animals or playmates who play with them. These children also like to play dress-up.

Intellectual and Language Development

The three-year-old child wonders about everything. "Why?" is a constant question. They use all of their senses to learn. At this age children want to know what things are, what they are called, how they work, and how they relate to each other. These questions show that three-year-olds begin to have broader views of the world. Give children accurate and simple answers. Expect children to ask the same questions over and over again.

Three-year-olds like stories. Realistic stories about children teach them about reality. Stories with a plot and imagination help children develop imaginations. Both types of stories are important to development. Three-year-olds like to see the pictures in story books. They can usually pick out a few objects without prompting.

Three-year-olds are quite verbal. They know many words and recognize more than they use. They like to talk about new things which interest them. Caregivers should have a variety of interesting activities available. Three-year-olds' curiosity will cause them to explore these activities. Encourage language development. Talk with children and encourage them to talk.

Not all three-year-olds are at the same stage of language development. Some may use full sentences and talk quite well. Others may leave out verbs, nouns, or other pronouns and talk "baby talk." During conversations, try to repeat, in full sentences, what a child has said. This helps in language development. When children are in a group, it is usually best to let them talk without correcting or repeating what they have said.

Memory is expanding for three-year-olds. They can follow simple, concrete directions for some tasks. Good jobs for them are stacking books, setting the table, and pouring juice. They enjoy learning simple jingles and songs. They start to associate colors and numbers. For example, they understand, "Pick up the blue toys," and "Give me three napkins."

FOUR-YEAR-OLDS

Eager three-year-olds challenge caregivers more as they near age four. They become much more independent of adults. They are less eager to please their peers. Changes occur in all areas of development. Example teaching strategies appropriate for use with four-year-olds are provided in table 18.2.

Physical Development

Four-year-olds have improved control of large muscles. They are physically hard to control and noisy. They run, leap, climb, push, pull, tug, roll, tumble, hit, wrestle, and chase each other. They may become physically aggressive and stubborn. They may try to solve quarrels with their fists rather than with words. Having this extra physical energy is a stage in physical development. Within limits, caregivers are wise to allow for these physical traits of four-year-olds. It is important to use firm guidance techniques.

Four-year-olds show better small muscle control. They have improved control of their hands. They can cut on a line, saw a board, and handle a paper punch fairly well. Their coordination improves. They can talk and eat, or talk and play at the same time. They can handle buttons, zippers, and snaps without too much effort. Some four-year-olds learn to tie their shoes.

Emotional and Social Development

Four-year-olds are sociable and like to play with other children. They can be cooperative, friendly, and easy to get along with. They can also be bossy, stubborn, and impolite. Often they do not want to share. They learn about group "membership." These children may not take others into group activities. They may talk about inviting certain children and not inviting others to a birthday party. However, they do not like to be left out of a group. For this reason, time-out is often a good guidance technique for four-year-olds. Time-out is when a child is sent to a place to be alone for a short period of time.

Impressing others becomes more important to four-year-olds. They like to brag. They brag about family members, family activities, and their accomplishments. Children may start using "bad" words and calling each other names. They quickly learn that these behaviors get reactions from others. Negative reinforcement (ignoring) of bad behaviors and positive reinforcement (praising) of good behaviors usually works. If children continue name-calling, punishment may be needed. Isolating them in a place where they are not able to talk with or see other children often helps the problem.

Other people become very important to four-year-olds. They may have a "best friend." Four-year-olds are often impressed by people in the news or on television. However, they are still emotionally dependent on parents and other caregivers. They quote important adults in their lives as authorities. Four-year-olds may occasionally not want to leave a parent on arrival at the center. They may still need comfort from a caregiver throughout the day.

Four-year-olds are restless and easily overexcited. Ideas may become bigger than the ability to carry them out. This often causes unhappiness and frustration. Some four-year-olds may have temper tantrums.

Four-year-olds have an active imagination. Imagination may develop into fears. Children may fear the dark, animals, thunder and lightning, strangers, or monsters. These children need security and sensitivity from adults in dealing with fears.

Intellectual and Language Development

Four-year-olds begin to have abstract thinking. They begin to use what they learn in one situation for other situations. They start to reason and see relationships between things. This is the time when they notice that dogs and cats are both animals. They understand that apples and oranges are both fruits. They can see that some buttons are large and some are small.

Four-year-olds often interpret things incorrectly. For example, one four-year-old was asked how he wanted to spend his birthday money. He said, "I want to pay the water bill." This reply was prompted when his parents gave an older sister money to pay the water bill for them. The four-year-old thought it was lack of money which kept him from getting to do the same task.

Four-year-olds start to think in a symbolic way. This is mainly in their artwork and language. The artwork begins to show representation. For example, a four-year-old may draw a picture of a real airplane. Four-year-olds like to exaggerate. Words like "billions" and "tons" creep into their vocabularies. They like to learn big words and play word games. They enjoy making up silly words that give meaning to objects.

Four-year-olds try to separate fact from fantasy. They ask even more "why" questions than three-year-olds do. If a question is answered, a four-year-old may ask another question such as, "What does that mean?" He or she may make a statement like, "My granddad doesn't do it like that."

Four-year-olds usually use complete sentences when talking to one person. However, their minds are full of things they want to say. They often cannot speak as fast as they think, especially in groups. Sometimes they talk so fast they seem to stutter. Listening patiently to what children have to say reassures them.

FIVE-YEAR-OLDS

Compared to four-year-olds, five-year-olds are quieter and more easygoing. Five-year-olds display less energy then before. By contrast, they seem to "have it all together."

Many five-year-olds spend part or most of the day in public school kindergarten. The needs of these kindergarten children are much like those of children in school-age programs (see Chapter Nineteen). These needs are primarily social and emotional. These needs should be met at the correct developmental levels. The child care program should not be the same as a regular kindergarten program.

Some children will be in full-time child care during their kindergarten year. For these children, intellectual goals may be stressed to prepare them for first grade. They can participate in games and sensory activities. These may teach letter recognition, phonics, number recognition, simple counting, similarities and differences, special relationships, problem solving, and following instructions. Such activities prepare them for formal schoolwork. They also help them develop self-esteem and social skills. Example teaching strategies appropriate for use with five-year-olds are provided in table 18.3.

Physical Development

Five-year-olds like physical activity. By age five, children have more skill in using large and small muscles. They can walk a straight line and kick a ball toward a target. They can climb up and down a ladder and catch a ball thrown gently to them. They like to jump rope, march, roller skate, and ride a two-wheel bike.

Five-year-olds can use pencils, crayons, and paint brushes better than before. Encourage these activities but expect different skill levels. As with all activities, avoid comparing abilities of children. Small muscle control develops early for some children and later for others. Five-year-olds are usually eager to learn to tie shoe laces. Again, this skill should not be forced. Children will learn to tie when they are ready. Seeing other children tie their shoes makes them want to learn. If they wear shoes with other fasteners, tying shoes may not be important to them.

Five-year-olds have a longer attention span than younger children. They may work on one activity or sit and listen for as long as 15 to 20 minutes.

Emotional and Social Development

Emotionally and socially, five-year-olds tend to conform. They like to please adults. They will usually ask a caregiver for help as needed. Rules have meanings for them. They generally want to do and say the "right" things. A kindergarten teacher and caregiver may seem like the smartest people in the world to five-year-olds. Five-year-olds are often affectionate with adults. They may give the caregiver a surprise hug or "I love you." Most five-year-olds are dependable, self-reliant, obedient, happy, serene, and proud.

Five-year-olds are also self-conscious. They embarrass easily. They do not like to make mistakes. They do not like to have to repeat something. To them, having to repeat means they have made a mistake.

Socially, five-year-olds are cooperative and friendly. There is generally less conflict in group play with five-year-olds than among four-year-olds. Five-year-olds are more likely to respond with words rather than fighting.

Five-year-olds tend to include other children in activities even if they have a "best friend." They may criticize children who do not follow rules. They like table games, role-playing, dramatizing, pretend games, and pantomiming. Five-year-olds will work together to draw a mural or to build a sand castle. They develop a concern for the feelings of their playmates and the value of playing fairly.

Intellectual and Language Development

Five is an age of mental awareness. Questions asked by five-year-olds are more thought-provoking and less demanding. They seem to be seeking understandings, not just information. They can separate fantasy from reality.

Five-year-olds may be concerned about alarming things they see on television. They might worry about a riot or a flood in another city. They will want to know if the riot and the flood could come "here." Five-year-olds need to talk about these concerns. They are usually satisfied by careful listening and honest answers from a caregiver. Then they want to share their "new" information with others.

Time concepts begin to develop. Five-year-olds want to learn to tell time. They may be able to tell time with a digital clock. A clock with hands may be too complicated for them.

Five-year-olds have a sense of order. They are developing skills in problem solving. They often think through an idea before they speak. They like to run errands and help adults with simple tasks. They can follow directions with three or four simple steps.

Five-year-old children have a sense of humor and enjoy telling jokes. They may pull innocent tricks on adults and peers. They have trouble laughing if the trick is on them.

Most five-year-olds are interested in "school." They may pretend to read and write. A few five-year-olds may have already learned these skills. They want to learn to recognize letters, numbers, and words. They paint and draw with definite ideas in mind. They love singing, stories, poetry, nature, and science experiments.

By age five, many children know their full names, addresses, the names of parents, and their home telephone numbers. This is a difficult task for children who have moved recently. Most five-year-olds want to learn to recognize and write their own names.

Five-year-olds talk in full sentences using most parts of speech. Their speech may not always be correct. Language is a basic tool that five-year-olds use to interact. Caregivers should observe the language skills of five-year-olds carefully. Any concerns should be reported to the supervisor or director.

TEACHING STRATEGIES FOR THREE-YEAR-OLD PRESCHOOLERS

Three-year-olds are growing steadily with improving balance. They are usually happy and try to please. They learn through their senses and love to talk.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Have a three-year-old sit on the floor opposite you. Roll the ball to the child. Expect the child to "catch" the ball and roll it back to you. Increase distance as skill develops. Then, throw and catch the ball while standing.	Help children develop large muscle control and coordination.
Put a strip of wide tape on the floor. Pretend it is a circus high wire. Have the three-year-old walk on the "high wire."	Help children develop balance and large muscle skills.
Draw or tape a two-foot square on the floor or sidewalk. Have a child hop in place, pretending to be a rabbit.	Help children develop balance and large muscle skills.
Have three-year-olds move to music by walking, running, or galloping. Change the speed of the music.	Help children develop large muscle skills.
Encourage the use of clay or play dough to roll balls, snakes, and cookies.	Help children develop small muscle control.
Provide appropriate writing and drawing materials. Show three-year-olds how to hold a pencil or crayon, allowing them to use either hand. Expect them to stay on paper. Praise their scribbles. They may volunteer names for their "pictures."	Help children develop finger and hand skills.

Table 18.1

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Express your feelings. For example, you might say, "I feel sad today. My cat is sick." Encourage and accept child's expression of feelings.	Help children learn to express their feelings.
Provide toys and equipment that require sharing. An example is a see-saw.	Encourage sharing.
Provide items that stimulate the imagination, such as costumes, dress-up clothes, etc.	Encourage development of creative thought.
Combine toys from two learning centers such as trucks and blocks.	Encourage imaginative play.
Expect three-year-olds to put toys away. Allow plenty of time. Work with them, praising their work.	Help children develop responsibility.

INTELLECTUAL AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Read simple books with colorful interesting pictures. Stories should be about real people, animals, cars, family, and neighborhood.	Help children identify objects and understand relationships.
Help children recall past events.	Help develop memory.
Repeat same finger plays, songs, rhymes, and stories often.	Help develop memory.
Have children sort blocks, nuts, shells, large wooden beads, or other objects by color, shape, or size.	Help children recognize likenesses and differences.
Have children count three items or name three items in a picture. Increase number of items as skill progresses.	Help children understand number concepts.
Help children develop vocabulary words for social communication. Use words such as "please," "thank you," "help," and "your turn."	Help children develop vocabulary to help with social interactions.

Table 18.1 - Continued

TEACHING STRATEGIES FOR FOUR-YEAR-OLD PRESCHOOLERS

Eager three-year-olds challenge caregivers more as they near age four. They become much more independent of adults. They are less eager to please their peers. Changes occur in all areas of development.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Have children catch a ball, balloon, or bean bag. Adjust distance and speed to ensure success. As skill increases, increase the distance and speed.	Encourage large motor development and eye-hand coordination.
Play hopping and jumping games.	Encourage large motor development.
Increase outdoor activity time. Provide opportunities for running and active play.	Encourage children to practice large motor skills. Allow children to release physical energy.
Provide experiences for using scissors, matching complexity of design to ensure success but also to challenge.	Encourage small motor development.
Have children perform simple paper-folding tasks, such as folding napkins for meals.	Encourage small motor development.

EMOTIONAL AND SOCIAL DEVELOPMENT

Caregiver Strategy	Objective
Encourage children to talk about fears. Read stories that tell about fears other children have. Discuss "real" and "not real."	Encourage children to express feelings. Help children deal with their fears.
Help children choose words to express their feelings and work out conflicts. For example, say to Jean, "Tell Roy how you feel when he takes your blocks. Ask Roy if you can borrow his red car."	Encourage expression of feelings. Encourage use of words to settle disputes.
Reinforce positive behaviors in each child. In stopping problem behaviors, show that the behavior is bad, not the child.	Help children develop self-esteem.
Encourage helping tasks, such as pouring milk, putting a spoon at each plate, passing out pipe cleaners, etc.	Help children develop self-confidence.

Table 18.2

INTELLECTUAL AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Choose books with humor, funny words, a plot, action, make believe, and detailed pictures.	Help children develop creative language skills. Help children see differences in real things and things which are not real.
Play "Which One is Missing?" Show children a group of four or five objects. Cover with a cloth or prevent peeking. While they close their eyes, remove one object. Lift the cloth and say, "One, two, three. Look and see. What's missing?" Increase the number of objects as skills increase.	Help children develop memory.
Have children compare and place objects by size. Use words like big, small, wide, narrow, thick, and thin.	Encourage understanding of size relationships.
On a large calendar, have a child place a number for the date each day.	Help children recognize numbers.
Have children classify objects and pictures by category, such as animals, tools, fruits, eating utensils, etc.	Encourage development of abstract thinking.
Allow children to help make a short list of simple rules, such as rules to follow when they wake up from nap time.	Help children develop reasoning skills.

Table 18.2 - Continued

TEACHING STRATEGIES FOR FIVE-YEAR-OLD PRESCHOOLERS

Five-year-olds are quieter and more easygoing than four-year-olds. They display less energy than before and seem to "have it all together". Many five-year-olds spend part or most of the day in public school kindergarten. Their needs are primarily social and emotional. The child care program should not be the same as a regular kindergarten program when meeting these needs. For children who are in full-time child care during their kindergarten year, intellectual goals may be stressed to prepare them for first grade. Games and sensory activities that prepare them for school and allow them to develop self-esteem and social skills are best.

PHYSICAL DEVELOPMENT

Caregiver Strategy	Objective
Play "Beanbag Toss" or "Four-Square" (four children stand around a large square divided into fourths; children take turns bouncing a ball into a designated square).	Help children develop large motor skills and eye-hand coordination.
Plan music and movement activities that involve hopping, bending, galloping, skipping, marching, and walking.	Help children develop large motor control and coordination.
Plan art activities that include cutting, placing, and pasting.	Help children develop and refine small motor skills.
Plan simple projects that require hand sewing (using yarn and a large needle with a rounded point) on burlap or other suitable cloth.	Encourage development of small motor skills.
Provide carpentry experiences that involve use of hammers, nails, a vise, and soft wood.	Encourage large and small motor skills; help children develop eye-hand coordination.

Table 18.3

EMOTIONAL AND SOCIAL DEVELOPMENT	
Caregiver Strategy	**Objective**
Allow five-year-olds to help younger children, as appropriate.	Help children develop self-confidence.
Plan group activities that require cooperation to complete the project. Activities might include building a neighborhood in the sandbox, painting a mural, or decorating a bulletin board.	Encourage development of responsibility, and friendships.
Encourage five-year-olds who attend kindergarten part of the day to talk about their day and share their feelings about "school." Respect their need for a change of pace.	Help children have continuity of experiences; help children to express feelings.
INTELLECTUAL AND LANGUAGE DEVELOPMENT	
Caregiver Strategy	**Objective**
Read longer stories with a plot. Five-year-olds like adventure stories, fantasy stories, and scary stories that end happily.	Encourage language development.
Have children tell simple stories–either familiar stories or ones they make up. Encourage use of full sentences.	Encourage development of memory, imagination, and language.
Have a child give step-by-step directions on how to perform a simple task, with caregiver following directions. Help child see humor when unclear directions are given.	Help children develop sequencing and reasoning abilities.
Plan simple discovery (science) experiments that develop concepts of volume, gravity, sound, balance, evaporation, etc.	Encourage children to ask questions; help children relate experiences to their world; help children interpret results.
Play "Just Now." Say "Listen carefully to the directions I give you. Do not follow my directions until I say "just now." For example, "Stomp your feet two times–just now." "Nod your head–just now."	Help children develop listening skills.
Provide counting and simple adding and subtracting activities. "You have two red beads and one blue bead. Put them together. Now how many do you have?"	Help children understand number relationships.

Table 18.3 - Continued

Points To Remember

- Knowing the developmental norms for preschool children in each age group helps caregivers plan activities and structure the daily routines to best meet the needs of most children.

- Three-year-olds have better balance, more control over their bodies, a better memory, and increased vocabulary. They are more sociable, quite verbal, and seek to please others. They are very active and their attention span is short.

- Teaching strategies for three-year-olds should include large muscle activities done with music, activities which aid development of balance, scribbling and drawing activities, toys which require sharing, activities to stimulate imagination and imitation, and concrete learning experiences.

- Characteristics of four-year-olds include better control of large muscles, better hand control, more desire to be accepted by others, active imaginations, symbolic thinking, and using complete sentences when speaking.

- Teaching strategies for four-year-olds should emphasize large and small muscle development, accepting responsibilities, positive behaviors, classification of objects, and memory games.

- Caregivers of five-year-olds should aid mental skills such as asking more thought-provoking questions, having an interest in time concepts, and having an interest in "school." Helping children to develop self-esteem and skill in interacting with other people is very important.

- Teaching strategies for five-year-olds should help them develop and refine large and small motor skills, encourage them to express their feelings, help them develop self-confidence, encourage development of problem solving skills, and encourage creative development.

Words To Know

discovery model
instructional model
norm

Questions For Review

1. What are norms? How can caregivers use norms in providing quality child care for preschoolers?

2. Name two types of teaching models? How do they differ?

3. Briefly discuss physical, emotional and social, and intellectual and language characteristics in three-year-olds. Name one teaching strategy for each area of development.

[redacted]

4. List several characteristics of emotional and social, and intellectual and language development in four-year-olds. Name two teaching strategies for each of the developmental areas.

5. How do five-year-olds differ from three and four-year-olds? How are they similar? Use each developmental area in your comparison.

6. List two teaching strategies per developmental area for five-year-old children.

7. At what age do preschoolers, as a whole, begin to talk in complete sentences?

8. At what age do children become interested in group "membership"?

9. Developing a concept of time, a sense of order, and problem solving skills occurs at what age?

10. Identify the special child care needs of children who attend kindergarten as well as child care. How do teaching strategies differ for those children as compared to children in full-time child care?

19

Chapter Nineteen School-Age Care

ESSENTIAL ELEMENTS

- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages.(f1B)
- Apply techniques for learning activities of children.(f4C)
- Apply classroom management and program planning techniques.(f4E)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Identify developmental characteristics of and signs of developmental problems in school-age children.
- List examples of teaching strategies which create a positive environment for school-age child care.
- Point out opportunities for summer programming in school-age child care.
- List guidance concepts for and special needs of school-age children in child care.
- Identify societal concerns regarding children in self-care.

School-Age Care

Children's school hours are not always the same as parents' working hours. Working parents of school-age children need child care for before-school, after-school, school holidays, and school vacation times. Programs to fill this need may be called ***school-age child care programs***, ***after-school programs***,

extended-care programs, or ***extended-day programs***. Many child care centers have programs to fill this need. Some public schools also offer these programs.

School-age child care programs should not be planned to be the same as school or preschool. Group projects give children outlets for energy and allow chances for social relationships. Examples of projects include making paper-mache´ objects, planting a flower bed, playing a checker tournament, having cooking lessons, and doing exercises. Activities should offer variety to children who spend most of their day at school. Summer programs give children the chance to have enriched learning experiences.

School-age children range from six through 12 years of age, or from first to sixth grade in school. Most children in school-age care will be six through nine years of age (first grade through fourth grade). This chapter focuses mainly on that age group. Guidelines for working with older school-age children are discussed in a special section in this chapter. Self-care programs for school-age children are also discussed briefly.

UNDERSTANDING SCHOOL-AGE CHILDREN

In general, school-age children have many traits and needs in common. Table 19.1 summarizes these traits and needs which caregivers can use for planning extended-day programs.

CARING FOR SCHOOL-AGE CHILDREN

School-age children are...	Therefore, they need...
Growing in uneven spurts	To learn about good nutrition for sound health
Still young	To feel a sense of security and belonging
Creative	Freedom to create without structure
Looking for rules	A structure or routine to follow
Self-conscious	Acceptance and understanding
Maturing at different rates	Adults who understand developmental differences
Adventurous	Challenge to hold their interests

Table 19.1

Age Differences

School-age children go through similar stages. Yet no two children are exactly alike. Development varies from child to child. However, knowing what to expect at each age helps to plan programs and observe each child's development. Table 19.2 gives general traits of school-age children at different ages.

GENERAL TRAITS OF SCHOOL-AGE CHILDREN

SIX-YEAR-OLDS	* Take pride in beginning "real" school * Are growing slowly and steadily * Beginning to lose baby teeth * Like to run, jump, skip, hop, and climb * Prefer friends of the same sex * Change playmates often * Like make-believe and pretend play * Like jokes and rhymes * May experiment with "name-calling" and "bad" words * Are quick to complain when others "cheat"
SEVEN-YEAR-OLDS	* Are generally quieter than at age six * Like to run errands and help others * Are interested in differences between the sexes and where babies come from * Are still growing slowly and steadily * Play in larger groups of children than at age six * Like to play in secret hideaways out of sight of adults * Think and talk about feelings * Are concerned about right and wrong and good and bad
EIGHT-YEAR-OLDS	* Like real conversations with adults * Will test limits of adults * Are fearful of failing * Like games such as jacks that use small muscles or games that involve hitting a target * Like active sports such as riding a bike and roller skating * Want real information about the world * Reflect their feelings that friends are very important
NINE-YEAR-OLDS	* Increase their feelings that friends are very important * Like clubs * Budget time and work on long projects * Like crafts, sewing, knitting, working with tools * Like collections * Like organized games with clear rules * Like to read books and look at magazines * Have fears or worries

Table 19.2

TEN-YEAR-OLDS	* Are happy and well-organized * Value privacy * Like to join clubs and form groups * Need a "best friend" * Want to be good in sports; teams are important * Can plan ahead for field trips and projects * Can see other points of view
ELEVEN-YEAR-OLDS	* Feel that belonging to a group is very important * May be concerned about family, economic, or racial differences * May have temper outbursts as a result of emotional and body changes * Can be outspoken or rude at times * Girls begin to mature sexually (on the average, menstruation begins at 11-12 years of age) * Girls may begin to fall behind boys in physical strength and endurance
TWELVE-YEAR-OLDS	* Are beginning a growth spurt * Physical and sexual changes are beginning for boys * May begin to show interest in the opposite sex * Have conflicts of feeling too old for some things and too young for others * Begin thinking more like adults * Want more independence; want to choose friends, clothes, TV shows

Table 19.2 - Continued

Recognizing Developmental Problems

By age six, most delays in growth and development will have been noticed. However, some problems, such as those related to hearing or seeing, may not have been discovered. Behavior problems and problems in doing school work may appear for the first time. Watch each child closely for possible development problems. Report any possible problems to the supervisor or center director. Look for the following developmental problems:

- **Overactive behavior** - The overactive child has more than the normal high level of energy of children during the school-age years. The truly overactive child moves without thought and purpose and is not successful in his or her activities.
- **Destructive behavior** - A child may fight, bully, lie, cheat, or demand attention in many ways. These behaviors may happen when a child has not had chances to develop appropriate behavior. However, it may also show that the child is under stress. A divorce in the family or some other problem may be stressing the child. In such cases, a child needs help to meet needs which result from the special problem.

- **Vision problems** - The child with a vision problem may tilt the head forward, hold books and toys close to the eyes, or squint or rub the eyes often. The child may complain of headaches or fuzzy vision.
- **Hearing problems** - The child with a hearing problem may not come when called by name. The child may not be surprised by or turn toward a loud or unusual sound.

CREATING A POSITIVE ENVIRONMENT

For young children, being old enough to be in school is important. School-age children do not wish to attend a child care center if they see it as "a place for babies." They need a place that is planned especially to meet their needs.

Children get enough structure during the school day. In an extended-day program, the environment should be open and relaxed. Materials used should encourage decision-making and goal-setting. School-age children should be allowed to move, change, and rearrange indoor and outdoor spaces. They should be allowed to have "adventures." Projects such as bug collections, ant farms, science experiments, or making Christmas craft items help children work together towards goals. These children need to use challenging materials. Crossword puzzles, dominoes, and other games give them the chance for decision-making.

In adventure play areas, school-age children can work together and talk about a wide range of subjects while planning and building. The adventure environment is created with wise use of staff/child ratio, grouping patterns, and space.

Staff/Child Ratios and Grouping Patterns

The minimum staff/child ratios required by state licensing agencies may be far from ideal. For example, the minimum staff/child ratio for children six years of age and older might be one caregiver for 26 children. However, it would be best to have more caregivers. Using community volunteers may be possible when more caregivers cannot be employed.

Grouping patterns are also important. Because of the number of children, most after-school programs will have multi-age groupings. Children may be grouped by their current interests. In such cases, caregivers should be sure to meet the developmental needs of both older and younger children in groups.

School-age children should usually not be grouped with preschoolers. The school-age program should be distinctly different. However, as school-age children show interest in assisting with or interacting with younger children, those interests should be encouraged.

Space

The minimum amount of indoor and outdoor space required per child is usually set by state licensing standards. The standard for school-age children is usually the same as for preschool children. Because after-school programs are fairly new in some states, specific standards may not have been set for them. It is important to remember that the minimum standard is seldom the ideal.

Learning space for a school-age child care program includes several important factors. When these factors are included, there is a greater chance for a successful program. These factors include a separate entrance area, a home base area, access to a kitchen, interesting activity areas, moveable furnishings, appropriate storage areas, and easy movement between the indoor and outdoor play areas.

TEACHING STRATEGIES

Teaching strategies for after-school child care programs focus on emotional and social development more than mental development. This is because mental development is stressed during the school day. Physical activities in these programs allow children to relax after a structured day at school.

To plan teaching strategies for after-school programs, caregivers should think about what school-age children do at home. Where do they play? What are their favorite activities? What activities build positive interactions with peers and adults? What are their favorite summer activities? Answers to these and other questions help caregivers select activities which meet needs of school-age children.

Sample teaching strategies are given in the following sections. They are divided into the categories of arts and crafts, creative drama, games, living things, music and movement, puppets, project boxes, and storytelling.

Arts and Crafts

School-age children like new and different uses of art. Caregivers can help children find and try a variety of art methods. Below are some ways to add interest and variety to painting.

- **Sidewalk art -** Fill a muffin tin with water. Add different food colors to each cup. With a brush, the children can paint a sidewalk. The next rain shower or a hose will easily wash away the food colors.
- **Sand painting -** Put white sand and tempera powder paint into paper bags and shake. Use this colored sand to make sand paintings. Have the children draw designs on heavy paper or cardboard. Then they should cover their drawings, one section at a time, with white glue. They should choose one color to sprinkle on the first section. Then they shake off any sand which does not stick to the glue. This procedure is repeated until all areas are covered with different colors.

- **Painting cookies** - Beat an egg yolk and 1/4 teaspoon water with a fork. Divide this mixture into two or three small cups. Add drops of food coloring. Use small, clean brushes to paint cookie dough cutouts. When baked, the cookies will be colorful and safe to eat.

Nature can be used to teach art in creative ways. Nature has color and design that inspires children's creativity. Sample art projects using materials found in nature are listed on the following page.

- **Weave with natural objects** - Make a weaving board with natural wool and cardboard. Wrap yarn around the cardboard to make a loom. Have the children find and weave in natural objects. These might include weeds, corn husks, twigs, and feathers.
- **Build natural sculptures** - Natural sculptures are easy and fun to make. Have the children collect small rocks, shells, twigs, leaves and pieces of driftwood. Provide glue they can use to build sculptures of all kinds, shapes, and sizes.
- **Make a collage** - Natural items, such as twigs, leaves, weeds, pebbles, seashells, and sand, make nice collages. Glue objects to cardboard or stick them into a flour dough background.

Creative Drama

Creative drama is not putting on a play for an audience. It is putting ideas and feelings into physical actions. Creative drama is done to help children understand and explore events and feelings using few or no words.

Creative drama allows children to try out different ways of feeling, moving, and acting without being inhibited. Creative drama encourages and rewards imagination and feeling. These are qualities which adults often neglect in favor of mental achievements.

Creative drama is cooperative, not competitive. Children work together for a successful outcome. Some suggestions for successful creative drama experiences include the following:

- **Warm up first** - Begin with a short warm-up time using stretching and relaxation games. The children can pretend to be melting ice cream cones. They slowly sink to the floor and lie there in a quiet puddle. Or they can be sleeping giants who wake up and stretch without making a sound.
- **Use a signal for a change of pace** - Use a signal such as a loud bang on a drum or tambourine. Expect the children to freeze and wait for directions when they hear that sound. This makes it easier to change the pace.
- **Allow children to express themselves individually** - Tell a story or read a poem while the children go through the actions suggested, each in his or her own way. Ask them to pretend they are puppets. They can act out common activities such as brushing teeth, putting on shoes, or eating an ice cream cone. Have children act out their feelings.

Games

Games should stress ***cooperation***, not competition. Games of competition single out winners and make comparisons. Winning may depend upon size, speed, knowledge, or strength. Comparisons are often based on qualities over which the child has no control. Cooperation games encourage children to work together for a successful result and to have fun.

School-age children take winning and losing very seriously. They base their feelings of success upon being compared with others. They want to know who is best at throwing a ball, running, or jumping. Caregivers can show children games and fun ways to play that call for cooperation instead of competition. Such games show children how to share and get along better. These games make each child partly responsible for a successful outcome. When there are no losers or losing sides, children can play with no fear of failure. This frees them to enjoy themselves. Children should be allowed the choice of not playing games.

Become familiar with a variety of games and activities that children can do with few props or equipment. Such games are useful at the end of a long day, between activities, or on the bus when returning from a field trip.

Caregivers will find that many of the simple, old-fashioned games they used to play are still popular with school-age children. Some of these are described below:

- **Gossip** - Have a group of 10 to 12 children sit in a circle. One child is picked to whisper a secret into the ear of the child sitting to the left. The secret is passed around the circle in this manner. The last child to receive the secret says it aloud. Usually the twisted words and meaning of the original secret will make everyone laugh.
- **Secret languages** - Secret languages can be fun but simple, such as, Dack dand Dill dent dup dee dill. Saying words backwards is also great fun for school-age children. "Banana" becomes "an-an-ab." Children may also want to develop their own code languages.
- **Twenty questions** - Whoever is "it" picks an item that is within the area. Other children get clues by asking questions that require yes or no answers. Whoever guesses the object becomes "it." If no one has guessed the object by the time 20 questions have been asked, the person being questioned names the object and gets another turn. At first, children will guess wildly. The caregiver can show them how to ask questions which give clues, such as the following: Is it an animal? a vegetable? a mineral? Is it large? Does it move?
- **Muk (an Eskimo laughing game)** - "Muk" means silence. The players sit in a circle. One is in the middle and points to another. That child says "Muk" and remains silent, without laughing. The player in the middle makes faces and funny movements to "break the muk." The player who laughs gets a funny name and goes to the middle.

Children want to play games that test and improve their thinking and physical skills. They like to learn the rules and skills for a variety of games. They expect caregivers to enforce the rules. Some of the structured games that school-age children enjoy include the following:

- **Quiet games** - Quiet games that require control of small muscles include jacks, marbles, pick-up sticks, and tiddley winks.
- **Games of strategy** - Checkers and chess are examples of games of strategy.
- **Card games** - School-age children enjoy games such as Concentration, Go Fish, and Crazy Eights.
- **Active games** - Kickball, soccer, hopscotch, and foursquare are games enjoyed by school-age children.

Caregivers should introduce new games and activities from time to time. In general, these should be games with a minimum of structure, rules, and competition. Appropriate children's games provide enjoyment and success. Children feel defeated by activities which are too difficult. They get no satisfaction from those that are too easy.

Living Things

Both plants and animals add interest and beauty to the child care center. Teaching care of living things helps children learn responsibility. Plants must be watered weekly, and animals must be fed daily. Watching the growth of plants and animals can teach children about the life cycles of living things. The child care center may be the only place some children have direct contact with animals. If allowed in the center, small tame animals allow children to learn to care for other living beings. While caring for animals, children can learn to be humane and gentle. Below are some ways to make the center environment more alive with animals.

- **Fish** - Goldfish, tropical fish, and snails are fun to feed and watch. School-age children can share in all of the tasks of changing water and cleaning aquariums.
- **Small animals** - If permitted, guinea pigs, gerbils, rabbits, and hamsters make good pets.
- **Fenced animal area** - An area in the play yard can be fenced off for small animals. It can also be a place to temporarily keep visiting animals.
- **Visiting animals** - Sometimes, visitors are willing to bring pets and animals for short visits. Parents, humane society workers, or zoo keepers may be willing to share their time and animals with children. A child might be allowed to bring a pet on special days, such as a birthday.
- **Field trips** - Another way to permit children to have experiences with animals is to take short field trips. Plan to visit working farms, stables, and zoos. Some zoos have children areas designed so children can be near and touch animals. Be sure these trips are pre-arranged so the parents are notified ahead of time.

Music and Movement

Music that is fun for all belongs in the school-age child care program. A collection of tapes and records will allow the children to pick and choose a variety of music. Children may choose to listen to radio stations that play appropriate music. Parents, students, and local musicians might be willing to share music or skills with children. Caregivers should consider taking children to concerts and musical programs whenever possible.

Avoid using music for background. After a while children will "tune out" the sounds. Guidelines for including music in the school-age program are given on the following page.

- **Make and use musical instruments** - School-age children can make and use many simple musical instruments. Sand blocks, rhythm sticks, drums, tambourines, and shakers are some examples.
- **Have sing-alongs regularly** - Pick the songs the children know and especially those that have actions. Find out what songs they have learned at home, school, and camp. School-age children like a wide range of songs, including those with funny or tongue-twisting words. An autoharp is an instrument which is easy for caregivers who do not play another musical instrument to play.
- **Encourage musicals** - School-age children can have fun writing, rehearsing, and staging a musical. Caregivers should remember that the preparation is more fun and more important than a perfect production. Children can write an original story to include songs they already know.

Caregivers should choose some activities that follow definite patterns for moving, such as folk dancing, rope jumping, and clapping games. Also include activities in which children feel free to invent their own movements.

Movement activities are good because children must concentrate on how to use and move their bodies. These activities help them learn about their bodies, minds, and feelings. Actually, movement and creative drama have much in common. There should be lots of drama in movement and lots of movement in drama.

Sound is important for most movement activities. Rhythms for moving may come from snapping fingers, clapping hands, or tapping feet. Caregivers and children can use tambourines, drums, pianos, guitars, or autoharps. Records and tapes can allow many choices for setting a variety of tempos or moods. Below are some suggestions for encouraging creative movement.

- **Help the children get ready to move** - A short period to relax and develop concentration is needed before beginning. For example, have each child find a spot on the floor and pretend they are puppets. Each child relaxes and waits for motions from the caregiver before moving. The caregiver pulls an imaginary string to lift an arm, a head, or a leg. The creative caregiver can find or make up a variety of warm-up games.

- **Provide different ideas to suggest movements** - The caregiver might suggest activities such as, "Catch that mosquito flying around you." (pause) "He's on your shoulder." (pause) "He's on your left toe." (pause) "He's on your right ear." Or have the children blow "pretend bubbles" and catch them. Have children pretend to be cats chasing mice. The children can help dream up new suggestions.
- **Add props for fun** - Use feathers, balloons, scarves, hoops, or balls for music and movement activities. Let the children see how long they can keep feathers in the air by blowing on them. Put on a record and ask children to hit balloons while keeping the beat of the music. Play some dramatic music and let children add props to the dances they invent.

Puppets

Making and using puppets is fun. Puppets also give children an opportunity to be creative and learn different things. Children can make a wide variety of puppets with just a few suggestions from books or caregivers. Puppets can be made from paper lunch sacks. These can be simple or elaborate. They can be decorated with crayons, marking pens, colored paper, yarn, or fabric. Children can make their own hand puppets from felt or a variety of fabrics. Some other types of puppets are included in the following list:

- **Tissue puppets** - Tissue puppets are quick and simple for school-age children to make. Begin with about four cotton balls and a wad of tissues. Wrap a tissue around this "ball." Use a rubber band to form a head and hold the outer tissue in place. Draw eyes, nose, and mouth with a felt-tip pen.
- **Finger puppets** - Children can make small puppets for one or all fingers. Use construction paper to make cylinders or cones. Decorate with felt-tip pens, yarn, or paint. Use cardboard tubes to make the base for animal or people puppets.
- **Sock puppets** - Slip a sock over a hand. Put the thumb in the heel and the fingers in the toe to form the puppet's mouth. Decide where to sew or glue eyes, nose, mouth, or hair. Decorate with felt, buttons, or yarn.

After making puppets, most children will want to perform with them. This may be a simple, informal fun time with no need for a stage or props. Children like to hide behind a shelf, an overturned table, or curtains draped over a broomstick. School-age children enjoy making puppet theaters from cardboard boxes. Caregivers, parents, or volunteers can make sturdier, longer-lasting puppet stages from appliance boxes or furniture crates.

Project Boxes

Project boxes can be a help to caregivers on days when children say, "We don't know what to do today." Boxes should be prepared in advance and labeled according to their contents. The boxes give children fresh supplies and materials and suggest a theme for their use. The caregiver replenishes the box and stores it when the children finish. Project boxes are more interesting when they include materials or ideas that are somewhat out of the ordinary. Below are some suggestions for project boxes.

- **Sign kit box** - Cut words with large print from magazines and newspapers. Get a set of rubber letter stamps, an ink pad, and a set of letter stencils. Include a supply of surplus cardboard. The directions for this box can ask children to make signs that are needed around the center or make up funny slogans.
- **Make and shape it box** - Put together a recipe and the ingredients for play dough. Following the recipe and making the play dough may be more fun for school-age children than actually shaping things out of dough. They can donate unused play dough to the preschool program.
- **Costume box** - Gather all kinds of paper bags, large fabric scraps, marking pens, yarn, tape, and scrap laces, buttons, and trims. Write a few simple directions, such as the following: "You are to make a shirt, dress, pants, or some article of clothing that tells how you feel, shows your favorite colors, or tells what you want to be when you grow up. After you have finished your costume, show it to and talk about it with your friends."

Storytelling

The caregiver of school-age children will want to learn or make up stories to tell the children. After setting the pattern of storytelling, children should be encouraged to tell stories. The caregiver may start a story and let the children finish it. Small groups can take turns telling a familiar story or one they make up as they go along.

OTHER TEACHING STRATEGIES

Many other excellent teaching strategies can be used. Below are a few additional suggestions. The creative caregiver will develop a wide range of strategies, adding new ones from day to day.

- **Share the pleasure of books** - Choose books for the children's relaxation and enjoyment.
- **Encourage collections** - Expect collections of bird's nests, shells, rocks, baseball cards, toys, stamps, and insects.
- **Use daily events to casually introduce information** - For example, when a child is moving away, locate the child's new home on a map. Ask questions, such as the following: How long will it take to travel there? What are all the ways of getting there? How long does each way take? What will it be like there? How do we find out?
- **Set up simple experiments** - For example, show how evaporation works. Use a saucer, a glass, and a narrow-mouthed bottle. Put equal amounts of water in each container. From which container does the water evaporate first? Where did the water go?
- **Use simple items to spark interest** - Some items for school-age children might include the following: prisms, magnets, yardsticks, tape measures,

rulers, thermometers, scales, kaleidoscopes, batteries, flashlights, stethoscopes, timers, pulleys, gears, clocks, measuring spoons and cups, pint and quart containers, calendars, maps, globes, and magnifying glasses.

- **Plant growing things** - Sprout seeds in a jar, plant mini-gardens, and try experiments. For example, compare what happens to identical plants grown in the light and in the dark.
- **Take field trips** - Take children to visit cabinet shops, furniture factories, lumber mills, hardware stores, state parks, building sites, or other places of interest in the community.
- **Plan projects related to food preparation** - Have children plan picnics and cookouts. They can prepare some or all of the food. For example, one group could make homemade ice cream. Help children learn new words related to food preparation methods and equipment. Encourage recipe projects, such as making a cookbook of favorite recipes.
- **Plan a center publication** - Encourage those who like to write and draw to work on the publication. Let them plan and publish a center newspaper or magazine. Suggest a variety of features. These might include a "just-for-fun section" with jokes and cartoons, news of children who are moving, and stories about the "helper of the week."
- **Make model scenes** - Encourage children to make models of areas with which they are familiar. For example, after a field trip of the neighborhood around the center, let the children have small boxes, cardboard, and colored construction paper. On a table or large board, they can construct a model, including buildings, roads, parks, and main landmarks.
- **Plan problem solving activities** - Two creative ways to solve problems are brainstorming and changing things. To ***brainstorm***, one person or a group lists all ideas as fast as possible. All ideas are accepted equally with no judgement. After a list is made, the caregiver and the children can decide which ideas they like most or which will work best. For example, a decision about where to have a picnic could be made by brainstorming. This involves thinking of changes, large or small, which would improve a familiar object or event. Have fun getting the children to talk and think about changing things. Ask the children to list or draw changes for an activity area, a reading corner, or private spaces.
- **Allow time for homework as possible** - Some centers may have completion of school homework as one of their major goals. Other centers will discourage spending the time immediately after school for homework.
- **Allow TV viewing infrequently (if at all)** - Watching TV is a passive experience. When children watch TV they are not using their own creative abilities. Caregivers may choose specific educational programs for children to watch. While in center care, children should usually not be allowed to watch favorite TV serials.
- **Encourage computer use (if available)** - For some children, this may be their only opportunity to develop computer skills.

SUMMER PROGRAMS FOR SCHOOL-AGE CHILDREN

When school is in session, school-age children spend few hours in the child care center. Before school there is not time and most children are not awake enough for a full, active program. Some children may need breakfast while others may finish homework. Some of them will be full of energy and want to play. After school, there is only time for short projects before parents arrive to take their children home. Limited time is available for trips away from the center.

Summer child care offers opportunities not possible when school is in session since time is limited before and after school. Some of the opportunities of summer school-age child care include the following:

- **Opportunities to organize a full day's activities** - The summer months allow for a more relaxed, slower-paced program for children.
- **Opportunities for long-range projects** - Summer allows for projects that spread over a number of days or weeks. For example, over the course of a summer, children can plant seeds in the garden, water the seeds, harvest the produce, and follow up with a cooking project. Weeks may be spent building a clubhouse, making and hanging curtains, building furniture, and then playing in the completed structure.
- **Opportunities for swimming and field trips** - In the summer, more time is available for swimming, picnics, and field trips. The weather also allows for these outings.
- **Opportunities for developing special talents and skills** - Summer is an ideal time for children to take special training in music, dance, drama, and sports. Many parents are willing to pay an extra fee for these opportunities. Children may also use the summer months to learn more about computers.
- **Opportunities to learn real adult skills** - Centers often hire young college students with special skills during the summer. These young adults often are eager to share what they know with school-age children. These skills may include identifying plants, learning macrame´, or learning minor bike repair.
- **Opportunities to slow down** - Summer programs are often more relaxed and slower paced. Fewer children may attend the center during the summer. This allows for more free time and friendship between children and caregivers.

GUIDANCE OF SCHOOL-AGE CHILDREN

School-age children need help in meeting their social and emotional needs. They need to know that adults care for them. They need to know that caregivers are willing to listen to what they have to say. They trust caregivers to be fair. Rules and limits that are set should apply consistently to all the children. Caregivers of these children need patience, cheerfulness, appreciation of school-age humor, and imagination.

The same general principles of guidance that apply to younger children also apply to school-age children. However, caregivers must apply guidance principles to fit the developmental levels of children. Specific guidance concepts for school-age children are listed in table 19.3.

Older school-age children are challenged by long, involved projects and activities which have a real-life purpose. Unlike their younger friends, they are

GUIDANCE OF SCHOOL-AGE CHILDREN

Be sensitive to children's needs:

- Remember the importance of the family.
- Know that some school-age children may resent child care.
- Make after-school time special.
- Develop trust and the right to disagree.
- Think about how it felt to be a school-ager.
- Don't expect all children to act their ages.
- Enjoy the challenge of individual differences.

Be supportive of the interests and growth of children:

- Be aware of their need to be accepted by the group.
- Offer them positive ways to use their curiosity.
- Recognize their sense of fair play.
- Help them accept their mistakes and recognize when something is too difficult.
- Give them time to explore.
- Set a good example.
- Expect a wide variety of personalities and physical differences.
- Make after-school care a place that is safe for expressing feelings.

Get children involved at their own pace:

- Offer a change of pace from structured school activities.
- Be sensitive to children's needs to do some things alone.
- Let children know that you recognize their abilities.
- Expect friendships to be important in play.
- Let children take an active part in meal and/or snack time.

Be creative in guiding the play of school-age children:

- Expect wishes, rhymes, and jokes.
- Expect monster stories and games with exact rules.
- Be prepared for and expect children to sometimes be bored.
- Create celebrations for fun and learning.
- Encourage role-playing to let children express their feelings and give them a chance to pretend.
- Encourage their love of drama through skits.
- Support their enthusiasm for joining clubs.
- Keep an eye on clubs that exclude other children.
- Expect planning of clubs to be more exciting than belonging.
- Involve community-based clubs in the program whenever possible.

Table 19.3

not as interested in make-believe. Older children like to make signs for the center, such as advertising an upcoming event. They like to help prepare the shopping list for the kitchen supply room. They enjoy helping with younger children in the center, such as reading to a group of five-year-olds.

Older school-age children feel important when they can repair a leaky faucet, replace a flat on a bicycle, or fix a broken toy. They can sand rough wooden blocks, pound in loose nails, and glue and clamp broken items. They might even bring repair projects from home they can do at the center. Such projects give older children a chance to use their physical and mental skills. They become interested in different things as they learn new skills. Their self-confidence and self-respect also improve as new skills are learned.

Self-care Children

Self-care children are school-age children who are left at home without direct adult supervision before and after school or during the summer. These children are sometimes called latchkey children because children responsible for "self-care" often wear a house key tied around the neck. The number of self-care children in the United States is growing. Some experts say that a third of all six to twelve-year-old children care for themselves or are cared for by siblings during non-school hours. In some cases, children as young as kindergarten age care for themselves part of the day.

Some children seem to deal well with being in a "self-care" situation. For other children, many short and long-term problems are created. Some of the concerns about children in self-care include the following:

- loneliness
- fearfulness
- rejection
- alienation
- isolation
- idleness
- boredom
- injury
- increased risks of accidents
- possibility of being the victim of rape
- too much television viewing
- lack of motivation
- lack of supervision
- development of bad eating habits which lead to obesity
- development of relationship problems with siblings
- drug use

Most working parents worry about self-care for their children. However, for some working parents there are no other choices. They may not be able to locate good after-school child care. If available, the care may be too expensive, especially when several children are in the family. Other caregivers, such as aunts and grandmothers, may live elsewhere or work also. Nearby neighbors are likely to be employed outside the home as well.

Contact services for children in self-care are being developed throughout the country. Some of these are for-profit programs; others are run by volunteers as a community service. Some child care centers offer contact services for children. The telephone is the child's contact with the outside world in all of these programs.

Caregivers assigned to self-care contact services should be aware of the many concerns of these children. A warm, friendly, and understanding attitude is important when talking with self-care children. Sensitivity to the child's fears and needs can make a child feel more secure until a parent arrives home from work.

Points To Remember

- Programs which provide care for school-age children before school, after school, during school holidays, and during school vacation times may be called school-age child care, after-school programs, extended-care programs, or extended-day programs.
- Each age group of children has different developmental needs. These needs must be met to insure appropriate developmental growth.
- Children should be watched for possible developmental problems, such as overactive behavior, destructive behavior, vision problems, and hearing problems.
- In an after-school program, the environment should be open and relaxed. Children should be encouraged to make decisions and set goals. Children should be allowed to have "adventures."
- Developmental goals can be promoted through correct staff/child ratios, appropriate grouping of children, and having enough space and making good use of available space.
- Space is set by state licensing standards and should include the following components: a separate entrance area, a home base area, access to a kitchen, interesting activity areas, movable furnishings, appropriate storage areas, and easy movement between the indoor and outdoor play areas.
- Furnishings and materials selected for school-age child care should have several uses and should be movable.
- Teaching strategies for the school-age child care program should emphasize the emotional and social development of children more than their mental development.
- Due to longer hours at the child care center, summer child care programs offer opportunities that are not available before and after school.
- School-age children need help in meeting their needs. Guidance should insure that each child's social and emotional needs are being met.
- Older school-age children (ten and up) need less structure, more versatility, and more flexibility in the child care setting.
- Many self-care children who care for themselves handle their situations well, but for others the situation can create short and long-term problems. These

problems include loneliness, fearfulness, feelings of rejection, alienation, isolation, idleness, boredom, increased risks of accidents, overexposure to television, lack of motivation, lack of supervision, development of eating patterns leading to obesity, and development of negative interactions with siblings who are present.

Words To Know

after-school programs
brainstorm
cooperation
extended-care programs
extended-day programs
school-age child care programs
self-care children

Questions For Review

1. Discuss the needs of children in different age groups.
2. What is the importance of staff/child ratios, groupings, and space in meeting the needs of school-age children in child care?
3. Discuss four of the seven components of space. Who decides how much space is needed for each child?
4. Why must materials selected for child care be versatile and movable?
5. Briefly review the teaching strategies for school-age child care programs. How might these strategies be different for younger and older (over age ten) school-age children?
6. What are some areas of child care that cannot be covered during the school year but can be covered during the summer because of more available hours?
7. Discuss the general principles of guidance. Why should development levels of children be considered?
8. Older school-age children (ten and older) need less structure, more versatility, and more flexibility. Discuss how these needs affect the child care setting planned for older children.
9. What are the major concerns for children in self-care? In your opinion, how might programs which service self-care children be improved?

20

Chapter Twenty Development in Children with Special Needs

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques.(f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages.(f1B)
- Point out appropriate techniques when working with children with special needs.(f4D)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Analyze the nature of mental retardation and learning disabilities in young children.
- Describe characteristics of sensory handicapping, physically handicapping, communication handicapping, and emotional/behavioral handicapping conditions in young children.
- Explain the nature of giftedness in young children.
- Explain the importance of screening and assessment in assisting children who have special needs.
- Discuss techniques used through mainstreaming special needs children to improve the education of all children enrolled in a program.

Special Needs

Children with conditions such as mental retardation, physical handicaps or giftedness are ***special needs children***. Understanding these needs helps in caring for these children. Different professionals can help special needs children. Caregivers should know the child care facility's policy for referring children to professionals. Caregivers must also know how to create a positive environment for special needs children in their care.

UNDERSTANDING SPECIAL NEEDS

Heredity and environment influence the special needs in children. Hereditary factors include the genetic history and make-up of a person. Environmental factors affect the fetus after conception or the child after birth.

Many environmental factors can create special needs in children. These factors include illness, poor nutrition, accidents, and child abuse. For example, repeated middle ear infections, if untreated, can cause hearing loss. Such hearing loss can result in slow language development. Poor nutrition, especially a lack of protein, can cause permanent brain damage. Accidents with cars, poisonous substances, and unsafe surroundings often cause disabilities in children. Child abuse can lead to physical as well as emotional handicaps.

Often the exact cause of a child's handicap is unknown. Experts are learning more about the development of children with special needs. Some handicaps can now be prevented. Child caregivers can share helpful information with parents and others about the prevention of handicapping conditions in children.

THE NATURE OF SPECIAL NEEDS

A handicap is any condition which prevents, delays, or interferes with a child's normal achievement and development. Mental retardation impairs a child's mental functioning. Learning disabilities result in reasoning and perceptual problems. Sensory handicapping conditions include hearing and vision problems. Physically handicapping conditions include deformities and diseases of the spine, bones, muscles, and joints as well as other health problems.

Other handicapping conditions may be related to speech and language disorders. Behavioral problems include social and emotional adjustments. Giftedness refers to children with a greater than average ability to learn, reason, and create. Often this category is called "gifted and talented." Special needs children are classified on the basis of the area of greater need. Each child has unique needs and cannot be described by these categories except in general terms.

Mental Retardation

Mental retardation involves mental functions which are much lower than average. Poor mental development usually prevents a person from functioning well in everyday life. Such mental deficiencies are obvious during a child's life.

Mental retardation is one of the most common handicapping conditions. Children identified as mentally retarded are grouped into four categories: mild, moderate, severe, and profound. Child care programs are most likely to include children in the mildly or moderately retarded groups. These children may be slower than average in some areas of their development. They learn to use the toilet, feed themselves, or talk several months later than most children their age. In the classroom, the mentally retarded child needs more time and more repetition to learn new tasks. Tasks should be broken down and presented in a step-by-step manner. Some goals for the care and education of children with mental retardation are as follows:

- expanding language skills
- increasing attention span
- learning self-help skills
- mastering basic concepts

Learning Disabilities

A ***learning disability*** involves a disorder in understanding or using spoken or written language. A child with a learning disability may be unable to listen, think, speak, spell, or do mathematical problems.

Learning disabilities are most obvious in classroom settings. Therefore, learning disabled children may not be diagnosed until the elementary school years. Traits of learning disabilities in young children may include hyperactivity, impulsiveness, perception (recognition) problems, and poor memory. Each of these characteristics in some way makes learning difficult for children.

There are many theories about what causes learning disabilities. Causes may range from genetic defects to diet. Knowing the exact nature of each child's needs helps in caring for children. The following strategies are suggested for working with learning disabled children:

- task analysis
- multi-sensory training
- behavior modification

Task analysis involves breaking down a job into small steps. For example, teaching how to brush teeth may be broken down into holding a tube of toothpaste, unscrewing the cap, putting toothpaste on the brush, and other small steps involved. ***Multi-sensory training*** helps children learn through use of several senses at one time. An example might be guiding children outdoors to watch, listen, look, and hunt for various items which are described by the caregiver. ***Behavior modification*** is a method of changing a person's behavior through carefully planned consequences for specific behaviors. For example, behavior modification is often used to teach self-help skills such as toileting or cleaning up after oneself. For each appropriate behavior of the child, the caregiver responds with praise, a reward, or some type of positive reinforcement.

Sensory Handicapping Conditions

Vision and hearing problems fall into the category of ***sensory handicaps.*** Loss or impaired use of a sense greatly affects a child's life. However, most of these children are intelligent. With good support and education, they can overcome their handicaps and live normal lives. ***Visually impaired*** children have vision problems even after corrective measures have been taken. They may be ***partially sighted*** (have lost most or all vision) or may be ***blind.*** Even children who are legally blind tend to have a small amount of vision.

Children who are blind from birth or early infancy tend to progress slower in some areas. For example, poor vision makes it more difficult to understand object permanence and gain locomotor skills. Partially sighted or blind children cannot gather as much information from their surroundings as sighted children. Therefore, their experiences are limited. Their development of concepts about the world may be slower. Professionals can teach children skills such as mobility, braille reading, or use of visual aids.

Caregivers who work with visually impaired children can aid their development in the following ways:

- Organize an environment so that it is easy to move around.
- Help children develop other senses fully.
- Translate what others learn through vision into one of the other senses.
- Encourage children to make full use of any remaining vision.

Children with ***hearing impairments*** may be classified according to degree of hearing loss. Children who are ***hard of hearing*** will not be able to hear soft sounds, such as a whisper. They may need to use a hearing aid. Children who are classified as ***deaf*** are not easily able to hear spoken language, but they may be able to hear sounds such as thunder. These children need special training to learn communication skills.

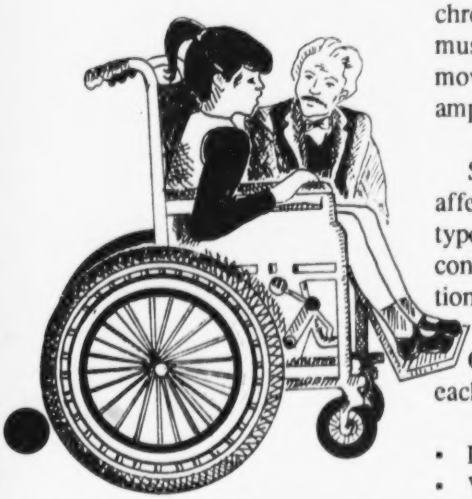
Children who have hearing impairments have trouble with listening and speaking skills. Their needs differ depending on when the hearing loss occurred. During the first three or four years, children with normal hearing learn many language skills. Children who lose their hearing before learning to talk need special training to learn to speak.

Caregivers who work for hearing impaired children need to be aware of each child's individual needs. In general, caregivers who work with hearing impaired children may use some of the strategies given on the following page.

- Face the children when speaking to them.
- Use a natural tone of voice and avoid exaggerated lip movements.
- Encourage children to use as much of their remaining hearing as possible.
- Cooperate with each child's speech therapist. Learn how to speak for lip reading and/or master sign language. Be able to communicate with the child in his or her own way.

Physically Handicapping Conditions

Physically handicapping conditions limit physical movement or result in chronic health problems. These conditions include deformities in the spine, muscles, joints, or bones. Missing or paralyzed limbs (arms or legs) also limit movement. Allergies, diabetes, epilepsy, and cogenital heart defects are examples of chronic health problems which may affect children.



Since children learn through physical activity, physical limitations may affect other areas of development. The effect of the condition depends on the type of handicap. A child with cerebral palsy, for example, may be unable to control muscle movement. This may make speech and small muscle coordination difficult.

Caregivers who care for physically handicapped children need to learn about each child's special need. Some of the following guidelines may apply:

- Learn from the child's therapists how to properly position the child.
- Work with dietitians or specialists to follow the child's nutritional program.
- Arrange the environment to allow freedom of movement for the child. Remove the barriers.
- Know how to help the child with braces, ***prosthesis*** (an artificial body part, such as artificial arm or leg), or other equipment.
- Check the child's equipment frequently to be sure it is working and fitting properly.
- Know first aid procedures for the child with epilepsy or other chronic health problems.
- Encourage the child to be actively involved with the group.
- Help the child learn self-help skills.

Communication Handicapping Conditions

A child has a ***communication handicapping condition*** when he or she is unable to speak or understand spoken language. Four categories of speech impairments are identified below.

- ***Articulation disorders*** - affect speech sound production
- ***Fluency disorders*** - affect the rate and rhythm of speech
- ***Voice disorders*** - affect the pitch, loudness, or quality of the voice
- ***Language disorders*** - affect the child's ability to express or understand word meanings or the correct order of the parts of speech in a sentence

Articulation disorders are the most common type of speech impairment. If a child distorts, substitutes, or omits speech sounds mastered by most children the same age, an articulation problem may exist. The most common disorder of speech fluency is stuttering. Remember that normal preschool children do have a lack of fluency in their speech. However, voice disorders are uncommon in young children. When they occur, they may be symptoms of a physical problem.

Children with language disorders have trouble expressing wants, being understood, and understanding others. Such language disorders may slow down a child's mental development.

Caregivers who care for children with speech handicapping conditions need to learn about each child's special needs. The following guidelines apply to children with speech impairments:

- Accept and reinforce all attempts by the child to use speech.
- Provide activities and objects to increase the child's vocabulary.
- Be a good speech model.
- Know where the child is in regard to learning language and help the child move to the next level.
- Be patient when listening. Give the child your full attention and plenty of time to speak.

Emotional/Behavioral Handicapping Conditions

Children who have unusual behavior often or over a long period of time may have an ***emotional/behavioral disorder.*** Unusual behaviors are behaviors that are not appropriate for the child's age and cultural group. Experts have named many categories for behavioral disorders in children. The two major categories are hyperactive-aggressive and anxious-withdrawn.

The hyperactive-aggressive child may demonstrate the following characteristics:

- defiant toward adults
- inappropriate attention-seeking behavior
- inability to stay with a task or wait to be rewarded
- destruction of property
- solitary, disordered, and agitated play style
- need for frequent intervention from adults

The anxious-withdrawn child may demonstrate the following characteristics:

- shyness or watching from a distance
- ability to be easily frustrated
- lack of self-confidence
- fearfulness
- excessive dependence on adults and peer leaders
- tendency to be depressed

Any behavior of hyperactive-aggressive and anxious-withdrawn children may be seen in normally developing children. However, such behaviors or emotional states occur more frequently among handicapped children.

Patience, self-confidence, and good child guidance techniques are very important for caregivers of behaviorally handicapped children. Some of the following guidelines may be used:

- Plan and adjust surroundings to avoid encouraging inappropriate behavior.
- Learn to use effective guidance techniques for group management and for teaching appropriate behavior.
- Establish and consistently apply classroom or group rules.
- Learn as much as possible about the child's strengths, needs, and responses.

Gifted/Talented

Children who have been identified as being gifted or talented also have special needs. ***Gifted/talented children*** show a potential for high achievement. Their talents may be in intellectual, creative, academic, or leadership areas. Child caregivers often play a key role in identifying such children.

Today most educators agree that giftedness results from inherited traits and a stimulating environment. Gifted children are often advanced in several areas of development. They present a great challenge to child caregivers. These children need a stimulating environment planned for their special need. Some of the following guidelines may be useful:

- Provide a rich and stimulating learning environment.
- Encourage interest the child shows in different areas. Serve as a resource person.
- Help children develop observation skills and reasoning abilities.
- Provide opportunities for the children to take leadership roles within the group.

Human development is complex. It is not surprising that some people develop special needs. The great variety of handicapping conditions can seem overwhelming. Child caregivers should relate to each child on an individual basis. Then, meeting a special need will not seem as important as meeting basic humans needs, which are shared by all children.

WORKING WITH SPECIAL NEEDS CHILDREN

Caregivers play an important role in identifying and caring for special needs children. Through training and experience, caregivers understand normal patterns of child growth and development. They understand the sequence and age level for developing skills. When a caregiver sees a major delay or problem in a child's development, the child is referred to a specialist, teacher, or other professional for assessment.

Remember that children develop at different rates and that the range of "normal" development is broad. However, early detection of developmental problems is important. The sooner a child is referred, the sooner he or she can begin receiving help.

Screening and Assessment

Several screening methods should be used to identify special needs children in a child care program. Regular observations by caregivers are important. Use of more formal screening instruments is also important. Parents must be fully informed of the screening program. The results of screening may lead to an assessment. Remember that a screening program does not give final answers about a child's problems. Such screening results also do not give the child a label of any kind. Deciding on a child's special needs is left to other professionals rather than child caregivers.

Referral for Assessment

The first step in the referral process is to schedule a meeting with the child's parents. The screening results are shared. Parents are given clear, concrete reasons why further assessment is recommended. Caregivers should not diagnose or tell the parents "something is wrong" with their child. A specialist, teacher, or the center director is responsible for explaining reasons for the assessment. These persons can either explain where to go for assessment or can offer to make needed arrangements for parents. Some assessment agencies require the child care program to complete a referral form. Parents must sign a release form which permits the child care center to release records concerning their child. The release should specify who may receive the information and what type of information may be released.

Roles of Special Needs Professionals

Assessment involves a detailed evaluation of a child's growth and development. Professionals determine the child's areas of strength and weakness and may be able to diagnose certain handicaps. Several professionals may participate in the assessment depending on the child's needs. A child care facility should keep an up-to-date list of all agencies and individuals who offer services to special needs children and their parents.

Caregivers can assist special needs children by giving them individualized care. Such care should be based on a professional assessment and recommendation. It is almost always best for special needs children to be cared for with children that are not exceptional. Be careful not to put too much value on the label given to a child through assessment. The label is useful for gathering information about how a certain handicap affects a child. The label helps identify methods for caring for the child. However, a label should not be the focus. If it is, children's special qualities and needs may be overlooked.

Mainstreaming

Mainstreaming is the care and education of special needs children in a regular child care or school setting. There is a trend toward mainstreaming. There are changing attitudes toward children with handicaps, gifts, and talents. Numerous federal laws have encouraged a willingness to recognize and provide for needs of special children.

Mainstreaming promotes that children are more alike rather than different. This means that all children share the same general needs. Children need caring adults to provide love, security, and safety. They need good surroundings to stimulate and support their development. They need to feel good about themselves. They need to feel that they have some control over themselves and their surroundings. Caregivers create a positive atmosphere by helping children accept and value the individual differences in themselves and in others.

Encouraging Independence

Independent living is a major lifetime goal of children with handicapping conditions. Caregivers may be tempted to perform tasks for handicapped children but should avoid these temptations. Handicapped children should be allowed to perform everyday tasks that they can do for themselves. This accomplishment builds self-confidence and gives a sense of independence to these children. Handicapped children learn to care for their own needs through new and repeated experiences. However, caregivers should watch for situations when a child really needs help. Above all, caregivers should recognize each child's needs and accomplishments as unique to that individual child.

Appreciation of Individual Differences

Each child has special qualities which make him or her different from every other child. Caregivers should develop positive attitudes about individual differences in children. Such attitudes help caregivers serve as role models for the children in their care

Caregivers should be aware of their own biases and feelings about handicapped or gifted children. If a caregiver has unpleasant feelings about caring for a child with certain special needs, he or she needs to face those feelings. The caregiver should examine the reasons for those feelings and look for ways to develop a more positive attitude. Many times, more information is all the caregiver needs. It helps to discuss such concerns with experienced caregivers of special needs children. Working with special needs children can also give a caregiver a new perspective. Learning to relate to each child as an individual is important.

Caregivers can help children develop positive attitudes and accept children with special needs. Caregivers can encourage and praise uniqueness, creativity, and variety. They can also point out individual differences in a positive or matter-of-fact manner.

A caregiver can prepare children for a special needs child's arrival by openly discussing the special needs of the child. Awareness activities can be provided to explain the child's handicap. A caregiver and the children can rearrange the room to meet the child's needs. If the child is in a wheelchair, spaces left between furnishings should be wide enough for the child to move freely around the room.

It is a good idea to have regular activities to teach children about various special needs. This can be done even when a special needs child is only one part of a child's life. Children with or without handicaps can be good friends and enjoy playing together.

Encouraging Positive Interactions

There are many benefits when all children, with and without special needs, are educated and cared for together. Positive group interactions do not happen automatically. Caregivers must work to encourage positive group interactions. The strategies recommended here are important in any child care situation. They are necessary when special needs children are involved.

- Arrange surroundings so that positive interactions are possible.
- Plan and follow a well-balanced daily schedule to allow time for positive interactions.
- Plan and provide learning experiences which will promote cooperation.
- Use incidental or naturally occurring events which happen to promote positive interactions.

Arranging the Environment

Rooms should be arranged so that children can move around freely and have easy access to all areas used. There should be a large open area for group activities and large muscle play. Several smaller areas should be planned for learning centers, small group activities, or private, quiet activities. Avoid rearranging rooms, especially when children have physical or visual handicaps.

There should be enough play equipment and materials so that children do not have to wait too long for their turns. Variety in equipment and materials is also important. With many interesting things to do, children will not always want to do the same thing. Avoid frustration by having different materials which suit different development levels.

Schedule Planning

With special needs children, the daily schedule may need to be more structured than usual. Much unstructured playtime may be difficult for children with special needs. During a scheduled free choice time, limit the number of choices given to a special needs child. Spend a few minutes directing the child in a specific activity.

A well-balanced schedule should include carefully planned transition activities. Check to see where the special needs child is in terms of task completion. If needed, delay the transition or remind the child in advance that an activity period is ending.

Encouraging Cooperation

Promote positive interactions by providing materials and learning experiences which encourage cooperation. Materials such as blocks, dramatic play props, and table games encourage children to play together. Plan learning experiences which give children a chance to interact positively. For example, three children, one of them with special needs, are given ingredients to make a fruit salad for a cooking activity. One child is given fruit, another yogurt, and another nuts. The caregiver discusses with the children how they will work together to make the salad. The caregiver leaves the group so they can complete the task. In such activities, children learn that in order to reach a goal, everyone has to help and work together.

Points To Remember

- In order to successfully care for children with special needs, caregivers need to understand the nature of these needs.
- Both hereditary and environmental factors contribute to the development of special needs in children.
- A handicap is any condition which prevents, delays, or interferes with a child's normal achievement and development.
- Mental retardation involves mental functions which are much lower than average. Expanding language skills and mastering basic concepts are goals which help mentally retarded children.
- Learning disabilities may first be noticed in school. A learning disability involves problems in understanding or using written or spoken language or in doing mathematical calculations. Suggested strategies for working with learning disabled children include precision teaching, multi-sensory training, and behavior modification.
- Sensory handicapping conditions include visual and hearing impairments. Children with visual impairments may be partially sighted or blind. Children with hearing impairments may be hard of hearing or deaf. Caregivers can aid development in sensory-impaired children in a variety of ways.
- Physically handicapping conditions include those which limit movement or result in chronic health problems. Caregivers should adapt the environment to help each child meet special needs.
- Articulation disorders, fluency disorders, voice disorders, and language disorders are all communication handicapping conditions.

- Emotional or behavior disorders are unusual behaviors exhibited frequently over a long period of time. Two categories of emotional/behavior disorders are hyperactive-aggressive and anxious-withdrawn. Patience, self-confidence, and appropriate guidance techniques are especially important for caregivers of behavioral handicapped children.

- Gifted or talented children demonstrate a potential for high achievement in intellectual, creative, academic, and/or leadership ability. Gifted children present a special challenge to caregivers.

- Several screening approaches should be used to ensure that all special needs children enrolled in a child care program are identified.

- The results of screening may lead to assessment. The assessment of a child's special needs is left to professionals other than the child's caregiver.

- Mainstreaming is the care and education of special needs children in a regular child care or educational setting.

- As with other children, caregivers must not do for special needs children what they can do for themselves. Independence is a major lifetime goal for the special needs child.

- An appropriate mainstreaming environment respects individual differences in positive interactions among all children.

Words To Know

articulation disorders
assessment
behavior modification
blind
communication handicapping condition
deaf
emotional/behavioral disorder
fluency disorders
gifted/talented children
hard of hearing
hearing impairments
language disorders
learning disability
mainstreaming
mental retardation
multi-sensory training
partially sighted
physically handicapping conditions
prosthesis
sensory handicaps
special needs children
task analysis
visually impaired
voice disorders

Questions For Review

1. How can knowing about the effect of hereditary and environmental factors on child development help caregivers?

2. Define mental retardation. What goals may be emphasized for children who are classified as mildly or moderately mentally retarded?

3. Why are learning disabilities frequently not diagnosed until a child is in school? What symptoms of learning disabilities can caregivers look for in preschool children?

4. List two categories of visual impairment.

5. List two categories of hearing impairment.

6. Name two physical handicapping conditions in each of the categories below:
   a. orthopedic handicaps
   b. chronic health problems

7. What guidelines can caregivers follow in working with children with physical handicaps? List six guidelines.

8. Describe each type of communication handicapping condition listed below:
   a. articulation disorders
   b. fluency disorders
   c. voice disorders
   d. language disorders

9. Describe characteristics of children with emotional or behavioral disorders according to the categories below:
   a. hyperactive-aggressive
   b. anxious-withdrawn

10. Define "gifted and talented." List four general guidelines for working with gifted and talented children.

11. Why is a systematic screening program important in a child care center?

12. What is the role of the child care center in making referrals for assessment of special needs? In working with special needs professionals?

13. Define mainstreaming.

14. What strategies may a caregiver use for creating a positive mainstreamed environment?

15. What strategies may a caregiver use to promote positive interactions in a mainstreamed child care environment?

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Chapter Twenty-one Guidance and Child Behavior

ESSENTIAL ELEMENTS

- Plan ways to assist children in their adjustment to child care.(f2C)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)
- Apply principles for maintaining a safe and healthy environment.(f3C)
- Apply techniques for learning activities of children.(f4C)
- Apply classroom management and program planning techniques.(f4E)

OBJECTIVES TO ACHIEVE

- Describe ways in which developmental levels of children influence behavior.
- Explain how various child care philosophies are used to guide children's behavior.
- Analyze the nature of positive and problem behavior in children.
- Identify guidance strategies for promoting positive behavior in children.
- Describe guidance strategies for dealing with problem behavior in children.
- Explain the difference in using positive and negative reinforcement to discourage problem behaviors in children.

Guidance and Child Behavior

The term ***guidance*** means different things to different people. To some it means telling children what to do. To others it means punishment for bad behavior. Guidance really involves ways of helping children learn to behave well. Through guidance, children are taught to control their actions and to make decisions.

Guidance combines support, encouragement, and setting limits. Guidance encourages good behavior and helps stop problem behavior. Over a longer time period, it also helps children develop self-confidence and self-control. Guidance is needed to keep children safe and healthy. It also helps children to like themselves and to get along well with others.

In deciding how to guide children, one must know how different developmental levels affect behavior. A caregiver should be able to analyze positive and problem behavior in children in order to identify guidance techniques which promote positive behavior.

INFLUENCES OF DEVELOPMENT ON BEHAVIOR

Behavior is made up of actions which start from thoughts and feelings. As children mature, their thoughts and feelings change. Children's actions also change as they develop in different areas.

Infants know about only part of their surroundings. They react to things without much thought. If infants become angry, their only possible reaction is to cry. A four-year-old can react to anger by picking up a toy and throwing it. The preschooler can also think about possible results of such actions. These thoughts result in a decision about the behavior. As children's ranges of behavior widen, they are better able to control behavior. Helping children to develop control is the goal of caregivers.

Understanding child development helps a caregiver to guide behavior. Physical, mental, emotional, and social development influence guidance techniques that a caregiver can use.

Physical Development

Knowing the sequence of physical development helps caregivers know which behaviors to expect at different stages. A caregiver working with two-year-olds should know that they are developing large motor skills. Knowing this fact helps in selecting the right toys and activities for children. Wooden stringing beads would not be a good choice for two-year-olds since fine motor skills are needed. Use of toys and activities at the wrong times causes children to be frustrated. Frustration in children usually leads to negative behavior. Young children are learning to master and coordinate their movements. They are sometimes awkward and clumsy. Accidents will happen and frustration may develop. A caregiver's patience helps to control and prevent further problems.

Consider children's handicaps when selecting ways to guide them. Children with physical problems need help in adjusting to their special conditions. Each handicapped child should be considered individually when choosing guidance methods.

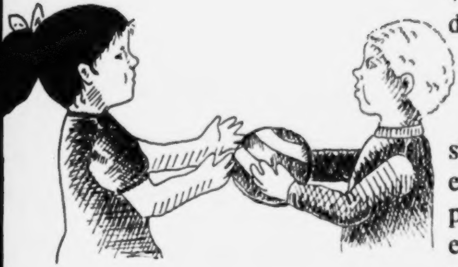
Find out if there is a physical cause when children show behavior problems. For example, a child with hearing problems may appear to be stubborn. However, the child may simply not be hearing directions. Many physical problems and illnesses can cause problem behavior in young children. In such cases, a caregiver should deal with the cause of the problem.

Emotional and Social Development

Child guidance is greatly affected by four types of social development: egocentrism, prosocial behaviors, moral development, and self-concept. Each of these affects child behavior. Therefore, each also affects how caregivers choose to guide children. Good guidance methods can promote prosocial behavior, moral development, and development of self-concept in children.

Egocentrism – As discussed in Chapter Fourteen, young children are egocentric. This does not mean that they are selfish. It means that they tend to see the world from their own viewpoint. For example, during nap time, Jacob goes to the bathroom door. Someone else is in the bathroom. Jacob bangs loudly on the door so the person inside will hear him. He is unaware that the noise will disturb the other sleeping children. A caregiver should help Jacob see a different viewpoint than his own. The caregiver might say, "Jacob, when you knock on the door loudly, it wakes the other children. Knock softly." This statement helps Jacob to learn respect for others. It is normal for children to go through an egocentric stage before learning to respect others.

Young children slowly learn to change their points of view. Having many social experiences teaches children about respect for others. Young children may appear rude because of egocentric views. A caregiver should not respond with rudeness when this happens. Children begin to consider the feelings and desires of others when they see that others value them.



Prosocial Behaviors – Cooperating, helping, respecting, comforting, and sharing are all ***prosocial behaviors***. Such actions help others without an expected reward. It seems that egocentric children would not be capable of prosocial behavior. Yet, even two-year-olds can show concern for others. For example, Richie, a toddler, fell on the sidewalk and began crying. Rachel, another toddler in the group, came over and gently patted his knee asking, "Okay now?" As children mature, their improved mental ability helps them learn prosocial skills. They begin to see things from another point of view.

Moral Development – Moral development is a process of learning about "right" and "wrong." At first, children behave correctly because they fear punishment or expect a reward. Later, children learn to make decisions such as giving up one thing to get another. Children become interested in winning the approval of others. Further stages occur as children mature.

It is wise to teach young children the possible results of their behaviors. Caregivers should train children to be fair and talk about what is "right" or "wrong." Moral development is mainly taught through the examples of others. There may be differences in what is "right" and "wrong" at home and in the child care center. Caregivers may have to deal with these differences.

Self-Concept – A child's self-concept begins in infancy. It is an important part of early development. Developing a healthy self-concept is greatly influenced by how people respond to a child. Self-concept, in turn, affects how a child behaves toward others.

How children are guided influences their behavior. Caregivers also show an opinion about children through the guidance methods they choose. An adult might stop a child from riding a tricycle into a sand pit by saying, "Don't you remember the rule? What's wrong with you today?" In this case, the adult shows a negative opinion of the child. A positive statement would have more effect on the child's behavior.

Healthy self-concepts develop when caring adults treat children in a positive way. It is better if guidance focuses on a child's behavior rather than on the child. A caregiver might say, "The children do not like it when you ride into the sand pit. That ruins their buildings. Ride your tricycle on the sidewalk." These types of statements guide the child in a positive way. Sometimes, negative statements will work in stopping negative behavior. However, it is best to use guidance which both stops the behavior and helps the child's self-concept.

Intellectual Development

Four areas of mental development have important effects on behavior: perception, self-control, memory, and language. Caregivers help children by praising their abilities and helping them to use abilities. Although these areas are described separately, they are all interrelated.

Perception – Consider the children's perceptions in the following situation. Alma made a color-matching game from an egg carton for the four-year-olds with whom she worked. The game worked well. The preschoolers sorted 12 colored circles into the matching slots in the egg carton. One day Alma was assigned to help the caregiver of the young toddlers. She took along the matching game. Right away, she saw that the toddlers were not able to sort the colors as well as the preschoolers had. The toddlers wanted to poke their fingers into the egg carton slots and put the circles in their mouths. Alma could see the differences in perception between the toddlers and preschoolers. She left the egg carton out for the toddlers to look at but put the circles away.

Perception involves how sensory information is detected and understood. The preschoolers in the example above could tell the difference between all 12 colors and could sort them. The toddlers may have noticed the colors and the circles. However, they were not able to see that the colors in the carton matched the colored circles. They did not understand the idea of sorting and classifying things.

Be aware of children's perceptual abilities. The younger child's perceptions are more general than those of the older child. This is why a four-piece puzzle of complete objects is fun for toddlers. A 12-piece puzzle with unusual divisions causes a young child frustration. The younger the child, the less able the child is to deal with details. Choose guidance methods which fit a child's level of perception.

Self-Control – Self-control develops throughout early childhood. ***Self-control*** is seen when children are able to make decisions about their behavior. At first children depend on limits set by adults. They gradually learn to control their own behaviors. Young children are not consistent in their use of self-control. This trait is another reason that caregivers of young children must be very patient.

Children can only show self-control when they are able to make decisions. To teach self-control, caregivers must offer children chances to make choices. Besides making decisions, children can learn to stop behavior which they know is not allowed. For example, a five-year-old child said aloud to herself while painting, "The yellow brush goes in yellow. The red can't go in yellow." The child was using self-control in choosing not to mix the paints.

Young children are only able to follow simple, clear rules. The number of rules should be limited. Rules should be taught to children as they apply to a situation. Toddlers are not easily guided by rules. Infants, of course, do not have the ability to understand rules. Children can show self-control in many ways besides those mentioned here. Remember that caregivers can expect some self-control from young children; however, caregivers should not expect self-control all of the time.

Memory – Parents and other caregivers sometimes do not realize how easily young children forget. In guiding behavior, caregivers need to understand how children's memory develops.

Both ***short-term*** and ***long-term memory*** are active in young children. Short-term memory stores information for a few minutes. Information that is used for longer time periods is held in long-term memory. Information in the short-term memory is either lost (forgotten) or can be transferred into long-term memory. Young children easily forget because they cannot move information from short to long-term memory. The ability to classify information increases as children grow older. These abilities give them the skills needed to develop their memory capacity.

Children remember information better if it is given in small units, if they repeat or practice, and if their senses are involved. For example, a simple playdough recipe with flour, water, and salt is easier to remember than a recipe for cupcakes with more ingredients. After making playdough two or three times, children remember the ingredients and how to mix them. While practicing, several senses are involved in making the playdough.

Language – Language is important to children's development. Language affects memory and self-control. As children learn to use language to label objects, their memory capacity improves. When children can express what they want to do, they control their own behavior better. Children's memory abilities and their extent of self-control influence which guidance methods work well.

How well children understand language is an important factor in child guidance. Use of words to guide behavior is called ***verbal guidance***. The words used should fit the developmental level of the child. It would be best to say something simple like, "Come down," if a toddler is climbing on a shelf. A longer statement such as, "We climb on the monkey bars when we are outside. We don't climb on the shelves when we are inside," might be understood by a five-year-old. With very young children, short sentences with simple words should be used.

BEHAVIOR PHILOSOPHIES WHICH AFFECT GUIDANCE

What is considered "right" and "wrong" behavior is different among different cultures, families, and caregivers. Caregivers should think about their own beliefs about positive and problem behaviors. Learning how parents and communities feel may also help caregivers to better understand children.

Caregiver Philosophies

Caregivers decide what is "right" and "wrong" behavior because of their philosophies about behavior. These philosophies are gained gradually. Philosophies are formed as caregivers learn more about child development and work with children. Even personal childhood experiences have an impact on caregivers' philosophies.

Even unconscious personal beliefs about behavior affect a caregiver's choices of goals and actions. For instance, some people were reared in families where children were "seen, not heard." This belief might cause someone to value a quiet room so much that self-expression and language development are discouraged. Caregivers should understand and think through decisions about behavior rather than making them automatically. The caregiver can then choose the values which are worthwhile and will provide good guidance. Knowing personal beliefs also helps a person to have actions and philosophies which agree. When this happens, caregivers usually seem more confident. Children, in turn, know what to expect from them.

Some behaviors which are considered "bad" sometimes may help a child to learn and grow. An argument between two children about whose turn it is to swing can be a growth experience. Allowing children to work out the argument can help them learn about compromises, sharing, and other social skills. If a physical fight or name-calling develops, direct caregiver guidance is needed. Disagreeing might be acceptable as long as children are not being harmed physically or emotionally. Unsafe, destructive behavior which harms the child, others, or property should be stopped and/or redirected.

Parent Philosophies

Parents' philosophies are very important influences on children's behavior. When parents' philosophies are different from teachers' philosophies, children may become confused. Be aware of children's home situations and their parents' values. This awareness helps one to understand children's behavior and to know what behavior guidelines are realistic for the child care center.

Community Philosophies

A child care center exists within a community and serves people of the community. Therefore, community values about behavior must be considered. Usually, a center's board of directors or administrators set some policies about behavior. Such policies affect what behaviors must be encouraged by the caregivers who work in the child care center.

There are different definitions for positive and problem behavior. The beliefs and values of people involved, the age and development of the child, and the situation determine if certain behavior is a problem. This is why guidance is a process that requires careful observation and thoughtful decision making.

Child Care Center Philosophies

There are many different philosophies in the area of child guidance. A philosophy is a set of general principles or beliefs. These beliefs influence decisions about how to guide children's behavior.

Caregivers should learn about different child care philosophies. The most important philosophies are those followed by the center in which a caregiver works. Since the caregiver works for the center, this philosophy should always be followed. Caregivers should observe which philosophies are used in making child guidance decisions. This will cause decisions and actions to be more consistent and well thought out, even when a quick response is needed.

The following are some of the principles or beliefs that may make up a good, positive child guidance philosophy:

- Each individual child is important and has potential that can be developed.
- Children deserve respect from adults and from other children.

- Children need encouragement and support to build self-confidence.
- Children need freedom to express themselves but within limits that prevent them from hurting themselves and/or others.
- Children need to be given some choices so they can learn to make decisions.
- Children must experience the results of their actions.
- Being positive works better in guiding behavior than being negative.
- Caregivers need to be flexible but consistent to help children grow in a changing world without being confused.
- Children need limits but not so many that their expression and development are harmed.
- Good communication is necessary between child and caregiver.
- The development of self-control in the child is the main goal of child guidance.
- Caregivers can always learn more about children and child care.

THE NATURE OF POSITIVE AND PROBLEM BEHAVIOR

As children develop and interact with others, a variety of factors influence their behavior. Both positive and negative behaviors will result. Understanding both types of behaviors will aid caregivers in guiding children.

Positive Behavior

Children show ***positive behavior*** when they act in a way that is appropriate and acceptable. Adults often overlook children's positive behavior. Recognizing and encouraging positive behavior is a necessary part of guidance.

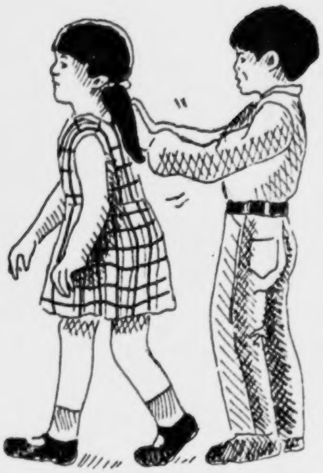
Positive behavior for each stage of development is different. Infants show many positive behaviors. They are active, noisy, sociable, and curious. Toddlers are learning to be independent. It is normal for them to be into everything as they explore the world around them. They also want to try to do things on their own without adult help. Even though this trait leads to messes and extra work for adults, the trait is a positive one for the toddler.

Preschoolers are full of energy and constantly active. They like new experiences and are developing a sense of humor which may seem "silly" sometimes. They are mastering language and love to communicate. The caregiver needs to have patience in guiding children at this age.

All behaviors have goals. Generally these goals are to fill physical or emotional needs. Children need to feel secure and loved. They need to feel a part of a group, but they also need to be seen as individuals. They need the stimulation of new experiences. If children cannot get these needs fulfilled through good behavior, they may try problem behavior.

Problem Behavior

Problem behavior is behavior that is not appropriate at a given time, place, or situation. Problem behaviors may include hitting, biting, not minding, taking toys away from others, not sharing, pushing, destroying materials, and using bad language.



Aggression is any behavior which results in hurting another person or ruining property. Young children usually use aggression to reach a goal. For example, Bob hits Frankie in order to recover a toy. Bob intends to get the toy, not to hurt Frankie. Another type of aggression is when a child intends to hurt another person. In such a case, a child may use aggression to get revenge. Aggressive acts can be physical or verbal. Children may say abusive words which are intended to hurt others.

Children in child care programs may be more aggressive than children who are cared for at home. If so, this difference is carried into public school. Several explanations are possible. Some understanding may come from seeing the ways that aggressive behavior develops.

Most experts believe that aggression is learned. Children quickly find that aggression pays off. At a child care center, some aggressive acts go unnoticed. When Bob hits Frankie and gets a toy, Bob learns that this method helps him get what he wants. In some ways, this is Bob's reward for using aggressive behavior. Bob will use this method again. Also, other children may have seen the encounter and may try to use aggressive behavior. Problem behavior may occur for many reasons including the following:

- The child may make a mistake in judgment while developing and learning to control behavior.
- The child may not understand the situation and what is expected.
- The child may be frustrated by something, such as having to wait too long between activities.
- The child may be ill.
- The child may be having disruptions in scheduling and family life.
- The child cannot or will not exercise the self-control necessary to behave properly.

Whatever the cause, the caregiver should respond to problem behavior, learn the cause, and give guidance. In some cases, children intend to behave badly. A child may decide to use negative behavior for some purpose or to fill a need. This may happen if positive behavior has not filled their needs. Children learn that with some caregivers, problem behavior gets more attention. Intentional problem behavior is generally aimed at one of the following:

- getting attention from others
- gaining control over other children or adults
- getting back at other children or adults
- gaining sympathy from others

One child's problem behavior can affect and upset a whole group of children. It also may threaten the safety and well-being of other children. Problem behavior may include being aggressive and causing physical harm to other children. It may also include ruining property, withdrawing from others, lying, or telling on other children.

PROMOTING POSITIVE BEHAVIOR

Caregivers should actively promote positive behaviors. Such behaviors improve the atmosphere and help prevent problems. Positive behaviors include prosocial skills, self-control, and ways of getting along with others. Many direct guidance strategies used by caregivers help to promote positive behavior in children. ***Direct guidance*** is used when a caregiver works directly with a child. Examples are leading a child by the hand, speaking to a child, listening, or modeling behavior.

To promote positive behavior, a few general guidelines should be followed. These guidelines include observing children at all times; being consistent; modeling positive behavior; communicating at the child's level; encouraging initiative, independence, and a sense of responsibility; and setting appropriate limits.

Observing Children at All Times

Observing children as they play helps prevent trouble. For example, Josie and Mary both want to play with the funnel. The caregiver notices and gets a second funnel. An argument is prevented due to good direct guidance from the caregiver.

Observing children also helps a caregiver decide when to get involved. Often children can solve their own problems if left alone. For example, John and Sandra both want to be the conductor on the train. The caregiver waits to see if the children can work out the conflict. Sandra says, "Let's have two conductors. You watch this side of the track. I'll watch the other." Sandra moves a chair beside John's chair and they continue to play. Usually the caregiver should get involved when children ask for help or when someone or something is about to be hurt.

Being Consistent

To be ***consistent*** means to always follow the same principles or practices. A child caregiver should give children the same freedoms and limits each day. When caregivers are consistent, children know what to expect. As a result, they will be more consistent in their behavior.

Actions should have the same results from day to day. If Patrick is sometimes allowed to grab toys from others, he is more likely to grab toys. If sharing is rewarded with enthusiasm, he will be less likely to take toys from others.

Children learn self-control when group rules or limits are clearly and consistently enforced.

The caregiver should consistently give choices to children. When a caregiver is consistent, children will know there are choices. Children will learn to be consistent in their responses. If Julie is given the choice of joining a group activity, she will think she always has that choice. If Julie decides not to wear a coat or boots in the snow, a caregiver should firmly remind her that she does not have that choice.

Being consistent does not mean being mean or rigid. Children should be given enough control to develop their abilities and talents fully. Having too many rules often limits creativity. In rigid surroundings, children see that few behaviors are accepted. If a caregiver only likes predictable things, children may feel discouraged about "being themselves."

Being consistent also involves being fair. The same behavior in two children should be handled the same way. Being consistent should stop problem behavior and replace it with positive behavior. Good behaviors of two children should also be equally praised.

Modeling Positive Behaviors

Children learn both negative and positive behavior by watching others. Children must see positive behaviors before they can learn to behave in a desirable way. When caregivers ***model*** (display) desirable behavior, children learn to follow the good examples provided for them. A caregiver who is helpful and cooperates is the best kind of model for children. When children are treated in a thoughtful way, they are more likely to value others.

Children are more likely to learn new skills if they see caregivers model. For example, if caregivers use good table manners, preschoolers are more likely to do so. Caregivers also model when they show children what they want them to do. While using a hammer, the caregiver might say, " Hold your hammer like this."

Another way to model is to identify prosocial behaviors when seen among children. For example, a caregiver might say, "Marco and Carol are working together to build a clay house. They are cooperating." Using this method, caregivers identify and reward positive behavior.

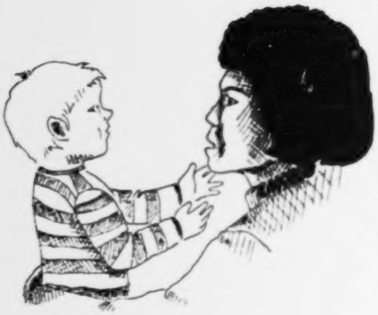
The type of language and tone of voice used with young children affects their language and actions. Children repeat words and phrases they hear often, using the same tone of voice. A calm, steady voice shows that the caregiver is sure and relaxed. Speak firmly, yet with friendliness. Use short, clear, meaningful sentences. Let children know that rules will be followed and enforced. A caregiver might say firmly, "It's time to go inside now." Using a quiet voice teaches children to speak quietly.

Use positive statements when giving directions. Tell children what to do instead of what not to do. One might say, "Zip up your coat and put on your cap. It's very cold outside." A caregiver might say, "Ride your bike on the sidewalk," rather than, "Don't ride in the rocks."

Clear statements tell children what is expected of them. A caregiver might say, "Remember our rule: Only one person talks at a time." Give only one direction at a time. One might say, "Put the doll in the bed." After this is done, the caregiver might say, "Put the blanket on her so she isn't cold." Children will respond better to a calm voice than to a high-pitched, excited voice.

Communicating at the Child's Level

Communication between caregiver and child is important to guidance. The caregiver must communicate clearly to children. Children need to express themselves clearly to adults. To communicate well with a child, the caregiver must get on the child's level and listen closely. The caregiver must also sympathize with the child.



Caregivers should kneel or sit on the floor so they are face-to-face with children. Try to see situations from a child's mental viewpoint. Young children do not yet understand many concepts. Use of words and sentences the child will understand is needed.

Good listening requires paying close attention. Be supportive to children. Use body language to communicate. Smile sincerely and touch the children. Holding a hand or patting a shoulder will show a caregiver is concerned about a child.

Avoid getting emotional or making judgments about what children say. When a child shares a problem, the caregiver should first show sympathy. This shows that the caregiver understands how the child feels and that the feelings are okay. This should be done even when the child's behavior must be corrected. Sympathy is often all the child needs to control the feelings and to change actions. A caregiver who is a good listener also shows the child how to be a good listener.

Caregivers can show children they are listening by repeating back what has been said. For example, Ophelia reports, "I fell off the end of the slide. My foot hurts." The caregiver responds, "You hurt yourself when you fell from the slide? Let me see your foot."

Listen for the real meaning of a child's words. For example, a child says, "Our new baby doesn't like me. He cries too much. " The caregiver sees that the child has some strong feelings about the new baby. The caregiver might ask more questions such as, "You think the new baby doesn't like you. How do you feel when the baby cries?" This can help the child communicate feelings more clearly.

Encouraging Initiative, Independence, and Repsonsibility

Guidance is given to help children discipline themselves. To learn self-discipline, children must have chances to take ***initiative*** (try things) and accept responsibility. Children need to develop a feeling of independence. Children express this need when they say, "I can do it myself." If classroom learning centers allow children to make choices, self-control is promoted.

Most tasks which toddlers and young preschoolers can do alone can be done quicker and better by an adult. Help children develop independence and initiative by letting them do things on their own.

As children try things, they start to see results of their actions. Through this process, they learn responsibility. Help children have more successes than failures. However, if children "fail" once in awhile, they learn important lessons.

Responsibility is taught when children are expected to do tasks. They might put up toys, clean up the art area, and hang up coats and hats. These routines are part of the learning in a child care center. Explain to children the reasons for responsible behavior. One might say, "Kerry, you did a good job of cleaning off the table. Now it will be ready for Bert to use."

Setting Appropriate Limits

Setting limits for children helps to guide their behavior. When children are old enough to understand, limits can be stated as rules. Rules are made to protect health, property, and the rights of others.

Letting children make all decisions and set their own limits does not work well. Children think that no one cares enough to guide their behavior. They may lack a feeling of belonging. When there are no constant rules, children must test the limits in each situation. They may feel insecure as a result. This testing takes energy and attention that could be used in creativity. Children must be told what is expected of them. This helps them to develop self-control.

Having too many limits gives constant negative messages to children. Too many of these messages may harm children's self-concepts. If all decisions are made for children, they have no chance to learn to make decisions. They lack the self-confidence and security they need. Fair, consistent limits should be set. Secure surroundings allow enough freedom for children to learn to make decisions and develop self-control.

Allowing older children to help decide on rules for a group makes them want to follow rules. During a group circle time, the caregiver can talk about rules which make play more fun. Rules should be clearly stated. Children should understand the reasons for the rules chosen. A poster illustrating the rules can be made. The caregiver should carefully guide children in following the limits or rules that are chosen.

Encouraging Cooperation and Positive Interaction

Prosocial behaviors and self-control help children work with other members of the group. To get along with people, children also need to learn how to express feelings, cooperate with others, gain self-control, and resolve conflicts.

Helping Children Express Feelings – Allowing children to express feelings is an important part of direct guidance. Never tell children that their feelings are bad or wrong. Caregivers should help children find good ways to deal with and show their feelings.

Each day, young children have many different feelings or emotions. These feelings influence behavior. To help children understand and express feelings, point out feelings when they can be seen. If two children have not seen each other for awhile, a caregiver might say, "You two are very excited to see each other. Aren't you?" This gives the children words to express how they feel.

Children can also learn to identify feelings in others. At circle time, the caregiver might ask children how they think Rachel felt when she was sick for the past few days and how she felt when she came back today.

Helping Children Resolve Conflicts – Young children often have conflict with each other, with older children, and with adults. Conflicts usually happen when a child is frustrated. The child may want or need something from someone else but cannot get it. Sometimes two children may want the same toy. One child may want another child to be the "baby" in the home living center. Statements like, "I was here first," and "It's my turn to be the leader," show that young children want their share of the privileges.

It is hard for young children to not be egocentric when conflicts happen. Caregivers can encourage children to use the right ways to get what they want. Children also need to learn that sometimes they cannot get what they want. To do this, caregivers may use the following direct guidance methods:

- **Encourage use of words** – Help children use words to share their wishes. For example, when Shannon reaches for a car that Emilio is using, the caregiver might say, "Shannon, ask Emilio, 'May I play with the yellow car?' " If Emilio says no, the caregiver can help Shannon choose another car from the shelf.
- **Encourage compromise** – Caregivers can teach children about compromise. For example, when one child wants another to be the "baby" in the dramatic play center, the caregiver might say, "Marc, do you think Jesse would be the baby later if you were the baby first?"
- **Help the child see another point of view** – For example, a caregiver asks, "Paige, how do you think Toni feels when you jump in front of her to be first?"
- **Redirect the child's activity** – In ***redirection***, children are lead in a new activity related to their play at the time. For example, in the block center when

a conflict happens over the use of toy people and cars, the caregiver might say, "Let's have all the people park their cars and go to work in this restaurant."

- **Distract the child's attention to a new activity** – ***Distraction*** leads the child in a different direction. For example, in the situation above, the caregiver might suggest that one of the children play in the woodworking center.
- **Give the child a choice** – The caregiver can also distract a child from a conflict or from negative behavior by giving choices. If a child wants to use a computer being used by another child, the caregiver could say, "You may paint or join us in a table game. Which would you like to do?" Only offer choices to children which will direct them to desired behavior.

DEALING WITH PROBLEM BEHAVIOR

A general method of problem solving can usually be used to deal with problem behaviors. Steps for basic problem solving include the following:

- Identify the problem.
- Consider possible solutions and make a plan.
- Carry out the plan.
- Evaluate.

In the first step, the caregiver identifies the problem in a specific way: "What exactly is the child doing? How often does this behavior happen? Why is this behavior a problem? Am I expecting too much? What should the child do instead?" At this point, the caregiver might need to observe more closely. A caregiver might feel that four-year-old Janis is sucking her thumb too much. Janis sucks her thumb and watches the other children play during learning center time. She also sucks her thumb during circle time, story time, and nap time. The caregiver's real concern is that Janis is not active during learning center time because she sucks her thumb.

The second step involves thinking about possible solutions: "What can I do to decrease the behavior? What can I do to encourage better behaviors?" Caregivers should think about all the direct and indirect guidance methods they might use. In Janis's case, Janis could be involved in learning center activities which require use of her hands. In this way, Janis might be so busy with puzzles that she would not suck her thumb. Forbidding Janis to suck her thumb would only cause bad feelings and frustration. Instead, encouraging her activity in learning centers is needed.

Once a plan is made, the third step is to carry out the plan. While the plan is carried out, a caregiver must watch in order to evaluate the following: Did the plan work? Is there less undesirable behavior? Did appropriate behaviors replace the undesirable behavior?

Caregivers may become discouraged after a few days when no change happens. Patience is needed. Changes in children's behavior take several days or weeks. Caregivers should not give up until the plan has been given a chance to work. If the plan does not work, the problem solving process is repeated and a new plan carried out. It took several weeks and much attention to involve Janis in learning centers. Eventually, Janis came to enjoy several different learning centers.

Observation of Behavior

The first step in dealing with problem behavior is ***objective observation***. This involves seeing what a child really does, rather than making judgments or giving personal opinions about the behavior. In some child care facilities, caregivers are asked to write down problem behavior observed in children. Such observations are useful in planning how to meet the children's needs and in viewing their progress. Observation involves more than just watching children at play. Good observations are objective. This means that the focus is on actual behaviors of the children. Consider the following observations of the same child:

Observation 1. Maria sure has a temper! She always wants to have her way.

Observation 2. Maria took a block from Jeff's pile. Jeff said, "I'm going to use that!" Maria said, "It's my turn now." Jeff grabbed the block back. Maria knocked down Jeff's block structure.

The first observation is subjective. It tells what the observer thought about Maria's behavior. The second observation is objective. It tells what happened, without any opinions. It is important to write facts and opinions separately. In this way, information can be studied by more than one person. Then the behaviors can be interpreted more fairly.

No one staff member should make all of the decisions about a child's behavior problems. Such decisions are joint efforts between a teacher or director and other staff members. Such information should always be kept confidential. A teacher or the director of a center will discuss serious problems with parents. Table 21.1 shows an example of steps which caregivers might use to deal with problem behavior in children.

Suggested Strategies for Correcting Problem Behavior

Caregivers can use several different methods to control aggressive behaviors. Caregivers should first help children understand that aggressive behaviors are not allowed. Most of all, they need to watch children closely and step in before aggression occurs. Toys, games, books, films, and computer software which show aggression should be removed from a child care center.

It is important that adults respond to aggression in non-aggressive ways. When caregivers shake, yell at, or make fun of children, they model behaviors which are not desired in children. Sometimes, children may need to be punished or penalized. A child should be told that it is the behavior, not him or her, that is being punished. The caregiver should explain to the child clearly why he or

DEALING WITH PROBLEM BEHAVIOR

• **Describe the problem behavior.** What happened? How often does it happen? When does it happen? (time of day; during, before, or after certain activities) How long has this been happening? How do you respond?
• **Analyze the behavior.** Why is it a problem? Why do you think the child does it? How should the child behave? Is the behavior normal for the child's age?
• **Consult the child's parents.** (teacher or director) Do they consider it a problem? Does the child behave this way at home? Why do they think the child does it? How do they feel the child should behave?
• **Analyze the child's surroundings.** Are the physical surroundings encouraging the problem behavior? Are the caregivers' guidance techniques encouraging the problem behavior? Are there problems with materials used or the schedule of activities? (proper amount and variety) Is there enough physical exercise? Does the child eat nutritious foods? What things does this child like or not like to do?
• **Analyze the child's development.** Could there be any developmental problems? (physical, social, emotional, or intellectual)
• **Examine possible ways to deal with the behavior.** What changes can be made in the child's surroundings? Could different guidance techniques help solve the problem? Is there a need for a professional diagnosis?
• **Decide on specific guidance techniques for managing the problem behavior.**

Table 21.1

she is being punished. Correct behavior for the situation should also be explained.

Proper ways of guiding children include firm communication, extinction, and time-out. Methods chosen by caregivers depend on the type of aggression, the reason for the aggression, and the age and developmental level of the child.

Firm Communication – Aggression should never be ignored. Ignoring aggression tells children their behavior is accepted. Caregivers should say clearly that they understand a child's feelings. It should also be clear that the child may not harm others to express those feelings. A caregiver might say, "I know you want the astronaut puzzle, Eddie, but I can't let you push Charlie away. You may choose another puzzle to work until he is finished."

Extinction – Another method of working with aggression is to use ***extinction***. This means not rewarding aggressive behavior in order to prevent it in the future. It helps if the caregiver's attention is given to the victim of an aggressive act. To avoid rewarding Eddie, the caregiver should give attention to Charlie after correcting Eddie's behavior. If the caregiver corrects Eddie but lets him keep the puzzle, the aggressive act is rewarded.

Time-out – Acts of aggression can also be controlled by using ***time-out***. The child is required to be by himself or herself for a short period of time (five minutes or less). The intent is not to embarrass the child but to stop the aggressive act. Time-out also gives the child time to think through his or her feelings. It shows the child that aggressive behavior is not allowed and provides a penalty.

Time-out is usually used after other attempts to change the child's aggressive behavior have failed. The inside time-out place should be a quiet, private place inside the classroom. A time-out place should also be selected on the playground for use when aggressive behavior happens outdoors. These places should be in full view of the caregiver. The caregiver must firmly explain, in a calm way, why the behavior is not allowed. During time-out, the child should be watched but not given special attention or fun things to do. After the time-out period, the caregiver should explain again the reason for the time-out and help the child rejoin the group.

The reason for the time-out must be specific. Time-out is not the best penalty for general behaviors such as being hateful or uncooperative. If the child does several aggressive things, the caregiver should list specific behaviors. For example, if the child hits, bites, and destroys another child's painting, the caregiver should name those behaviors. The reasons must be clearly and calmly stated to the child.

USE OF POSITIVE AND NEGATIVE REINFORCEMENT

Very aggressive behaviors usually get a caregiver's attention. Caregivers should also attend to other problem behaviors in children. Behaviors such as whining, thumb sucking, too much talking, and temper tantrums do not disrupt a group. However, these behaviors deserve individual attention from caregivers.

Reinforcement is any action, attitude, or fact which causes a behavior to become stronger or to happen more often. Experts have learned that if behaviors are not reinforced, they usually disappear. Behavior can be reinforced verbally or non-verbally. If more attention is paid to bad behavior than to good behavior, bad behavior is reinforced. The two types of reinforcement are positive reinforcement and negative reinforcement.

Rewarding or reinforcing positive behavior works better in guiding children than simply punishing problem behavior. In fact, punishment may become negative reinforcement. This happens if a child learns that a caregiver pays attention to bad behavior instead of good behavior. Punishment may be the attention a child tries to get. Some children may want any type of attention so much that they will continue bad behavior to get it.

Positive reinforcement should be given when children do something acceptable. Getting a good response from someone causes a behavior to be repeated. If children ask for what they want instead of grabbing or hitting, a caregiver should reinforce the behavior with a smile or a word of praise.

Negative reinforcement is used when caregivers notice or reward bad behavior. For example, after being toilet trained, a child began to have frequent accidents. The child got more attention from having an accident than by staying dry. Adults were reinforcing negative behavior with attention. Whenever possible, caregivers may choose to ignore negative behavior. However, they should not ignore behavior that is harmful to others. The adult must protect the child, property, and other children.

Points To Remember

- Guidance involves more than telling children what to do or punishing them for bad behavior. Guidance involves ways of helping children to behave well, teaching them how to control their own actions, and helping them make their own decisions.
- Behavior is made up of actions which start from thoughts and feelings.
- Physical, mental, emotional, and social development affect which guidance techniques a caregiver can use. Understanding child development helps a caregiver to guide behavior.
- Toys and activities should be selected for children which fit their level of development. Otherwise, they may get frustrated and display undesirable behavior. Children's physical handicaps should be considered when selecting guidance methods.
- Child guidance is greatly affected by four types of social development: egocentrism, prosocial behaviors, moral development, and self-concept. Select guidance methods based on children's development in these areas.
- Four areas of mental development have important effects on behavior: perception, self-control, memory, and language. Caregivers help children by praising their abilities. Understanding mental development in children helps caregivers in guiding them.
- Different philosophies of behavior affect guidance which children receive. The beliefs of parents, other caregivers, the community, and the administrators of child care centers influence guidance greatly.

- There may be different child guidance philosophies. A positive philosophy considers children as important people who deserve respect and need encouragement. Being positive works better in guiding behavior than being negative.

- Children show positive behavior when they act in an appropriate and acceptable way in a given situation. Positive behavior is different for each stage of development. Recognizing and encouraging positive behavior is a very important guidance technique.

- Problem behavior is behavior that is inappropriate at a given time, place, and situation. Children may show problem behavior because of a mistake in judgment or not understanding the situation or what is expected. Bad behavior may also happen when children are ill or when they are having disruptions in their routines or family life.

- In some cases, a child may exhibit bad behavior to get attention or sympathy from others. The desire to gain control over other people or to get back at other people may also cause bad behavior.

- In conflict situations, children often resort to aggressive behaviors to get what they want.

- Many experts assume that aggression is learned. Aggression is sometimes rewarded and reinforced by attention given to children. Sometimes adults model aggressive behavior. Sometimes frustration can lead to aggressive behaviors.

- General guidance guidelines include the following: observe children at all times; be consistent; model positive behavior; communicate at the child's level; encourage initiative, independence, and responsibility; and set appropriate limits. These guidelines should be followed by caregivers.

- Caregivers should promote prosocial behaviors such as cooperation, helping, and sharing. Modeling, role playing, playing games, and assigning jobs helps teach prosocial behaviors.

- Caregivers can encourage self-control in young children by giving them the chance to control their own actions. Appropriate games and learning centers which offer children choices teach self-control.

- To get along with others, children need to learn the right ways to express feelings and resolve conflicts. It often helps to label feelings for children and ask them how they think others feel. To help resolve conflicts, caregivers should encourage children to use words, encourage compromise, redirect children's activity, help children see other points of view, distract children with new activities, and give children choices.

- When recording observations of children's behavior, one should record what really happened separate from any opinions or judgments about the behavior.

This information can be used to help give better guidance to children and to evaluate their progress.

- To stop or prevent aggressive behaviors, caregivers should let children know that undesirable behaviors are not permitted.
- In dealing with aggression in children, the use of extinction, time-out, and firm communication can help guide children's behavior.
- Two types of reinforcement, negative reinforcement and positive reinforcement, are used to promote prosocial behavior and to eliminate undesirable behavior.

Words To Know

aggression
behavior
consistent
direct guidance
distraction
extinction
guidance
initiative
long-term memory
model
negative reinforcement
objective observation
perception
positive behavior
positive reinforcement
problem behavior
prosocial behaviors
redirection
reinforcement
self-control
short-term memory
time-out
verbal guidance

Questions For Review

1. How can understanding the sequence of physical development help a caregiver know what behaviors to expect in children?
2. How might physical handicaps affect behavior?
3. Name four areas of social/emotional development that directly influence a child's behavior. How do each of these affect the type of guidance which a caregiver uses?
4. How do toddlers and preschoolers differ in their perception abilities?
5. Name two ways children display self-control. How can caregivers help children use these methods to learn better self-control?
6. Since children easily forget information, how can caregivers help them develop their memories?
7. How do caregiver values, parent values, and community values affect definitions of acceptable and unacceptable behaviors?

8. Name types of positive behavior common to infants, toddlers, and preschoolers.

9. Why might a child use problem behavior intentionally?

10. What steps might a caregiver use to determine how to deal with problem behavior?

11. Name six principles of a positive child guidance philosophy. Explain why you feel these principles are necessary to a good child care program.

12. What are six general guidance guidelines that caregivers should always follow? Explain each one.

13. Discuss four ways child caregivers can influence and promote positive behavior.

14. How might a child caregiver effectively communicate with children?

15. What methods can be used to encourage self-control in children?

16. Children need to express their feelings and resolve their conflicts. How can a child caregiver help children succeed in doing these two tasks?

17. What are some examples of aggressive behavior?

18. In what ways does aggression develop?

19. In what ways can aggression best be handled?

20. Explain how to use firm communication, extinction, and time-out. When might each be used? Why would one be better in one situation while another might work better in a different situation?

21. What is the difference between positive and negative reinforcement?

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Chapter Twenty-two Facility Management

ESSENTIAL ELEMENTS

- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)
- Apply classroom management and program planning techniques.(f4E)
- Apply techniques for learning activities of children.(f4C)
- Apply principles for maintaining a safe and healthy environment.(f3C)
- Assist with management procedures in the child care setting.(f4F)
- Apply housekeeping and maintenance at the child care setting.(f3D)

OBJECTIVES TO ACHIEVE

- Identify regulations, location concerns, and overall design guidelines which influence management of a child care facility.
- Summarize ways to make best use of indoor space and materials in guiding children.
- Describe ways to best arrange, organize, and use outdoor space and materials in child guidance.
- Explain how the scheduling of time use in a child care program affects children's behavior.
- Explain major tasks which should be listed on a maintenance calendar by the child care program director.

Facility Management

Developing and maintaining a child care facility are important tasks for program directors. Some directors are involved in planning a new center.

Some remodel an old building for a new child care program. Most directors work to keep their facilities in good condition. All directors need to be alert for ways to expand their facilities as their programs grow and develop.

Indirect guidance is used when a child care environment is planned. Plans are made to prevent problem behaviors and to encourage positive behaviors in children. Indirect guidance is used when planning grouping patterns, child/staff ratios, space, materials, and time. Many problem behaviors can be prevented by using simple indirect guidance.

Behavior is affected by how children are grouped. Having large groups of children in a crowded area results in behavior problems. The noise level alone increases tension. Children and caregivers become frustrated. With large groups, there may not be enough materials to be shared peacefully. If small groups are created, children usually get along better. There are usually licensing rules for grouping children.

Often, there are minimum licensing standards for ***child/staff ratios.*** Child/staff ratios refer to the number of children enrolled for each caregiver on the staff. The licensing standards are minimum numbers. It is usually best to have more caregivers than the minimum standards require. When there are fewer children per caregiver, each child receives more individual attention. Behavior problems are reduced when there is enough caregiver supervision.

Much planning and hard work are involved in building or remodeling a child care facility. Planning is essential. Once a facility is built or remodeled, changes are costly and difficult. In this area, the director works closely with other professionals. The director depends on architects, building contractors, licensing representatives, and other officials.

Local, state, and federal regulations and site location are among the director's first concerns. Next, the director must communicate to architects or building contractors the special needs and design features of quality child care facilities.

REGULATIONS, LOCATION, AND DESIGN

A number of regulations affect child care facilities. The state's licensing standards for child care programs usually include requirements for the following:

- space per child
- number of toilets and lavatories
- fire safety features
- sanitation features
- indoor and outdoor safety features

Child care facilities must also follow regulations set through federal laws. These regulations may require regular inspections for fire safety and the condition of gas lines, plumbing, and building structure. Any time a new building is planned, city officials must approve site location (zoning) and building plan (building permit).

The regulations affecting any one facility will differ from state to state and city to city. A program director should make a thorough investigation to understand required regulations.

The location of a child care facility is an important choice for a successful program. Overall, the location must be convenient and attractive to parents. Research has found that parents usually prefer a location closer to home than to their work or school. This may occur because parents wish to avoid the longer ride with their children to a facility. Also, the children may feel more at ease at a facility in a familiar neighborhood. However, some parents, especially those with infants, may prefer easy access to their children during the day.

In addition to these factors, child care facilities need to be located in a safe area. They should be near sources of public transportation, when possible, and located off of busy streets. It is helpful if community resources are located nearby to enhance the child care program. When possible, it is good to locate a child care facility between two neighborhoods. Such locations attract a variety of families more easily.

The location communicates an image of the child care program. If a program is located in a stable neighborhood, close to a small park and a successful shopping center, it creates a better image than a program located near a depressed downtown area.

When searching for a location, the director or building committee should have a clear set of guidelines. They need to know who they will be serving and what kind of program they want. They also should know the type of facility they hope to build or remodel. Knowing these guidelines will help real estate agencies or architects assist in finding the right location.

Child care facilities have specific space and design needs. Three basic questions on space and design are as follows:

- What kind of space is needed?
- How much space is required?
- How should the space be designed?

Space within the child care facility can be broken into three categories. These are indoor space for children, outdoor space for children, and space for support areas. Guidelines for designing space in each of the areas are discussed in this chapter. Though each area is discussed separately, remember that all areas function together. The amount of space needed for each of these areas depends on the program's philosophy and state licensing standards.

INDOOR SPACE

The indoor space at a child care center must be thoughtfully arranged. Arranging activity areas in logical ways helps children interact better. Large, small, and individual activity areas are needed. Overcrowding should be avoided. Using learning centers, boundaries, logical arrangement, areas of varied sizes, and uncrowded arrangement helps organize indoor space and creates a smooth flow of traffic. Figure 22.1 shows two possible room arrangements for a preschool classroom. One arrangement is inappropriate and one is appropriate. Refer to figure 22.1 while reading the following guidelines for room arrangement.

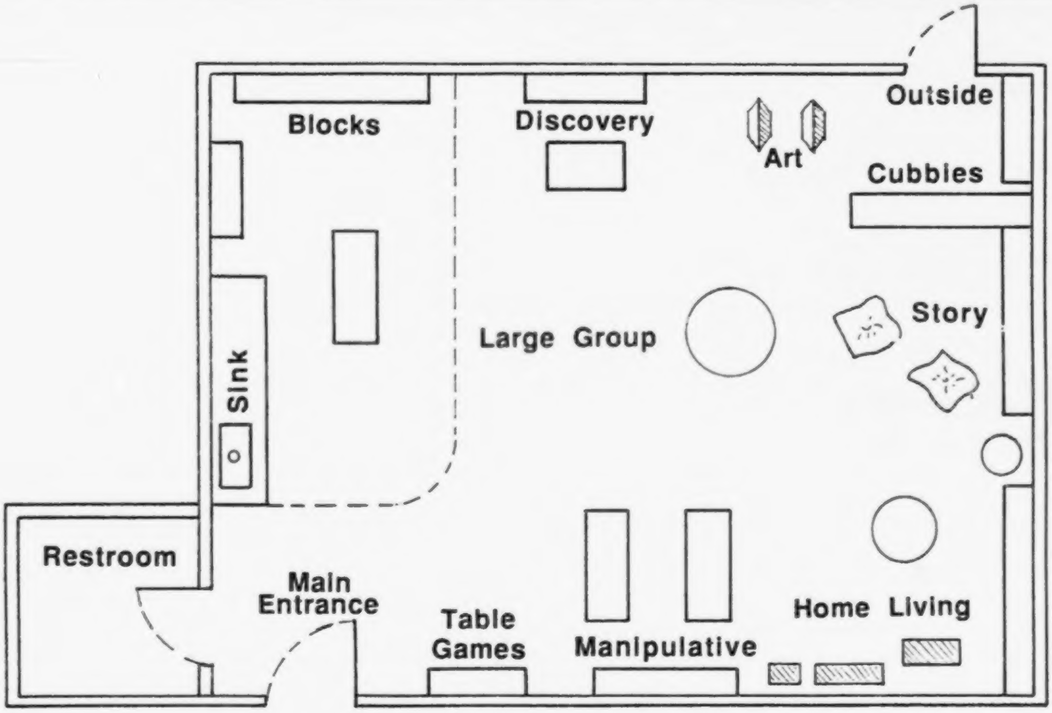
Guidelines for Planning Indoor Space

Space for learning inside the facility must be planned with the children's developmental needs in mind. Children need space to develop physical, emotional, social, intellectual, and language skills. Some of the following design guidelines are recommended for children's indoor learning spaces in Texas. Check your state's licensing standards for minimum standards in your state. The space you plan must meet or exceed your state's standard.

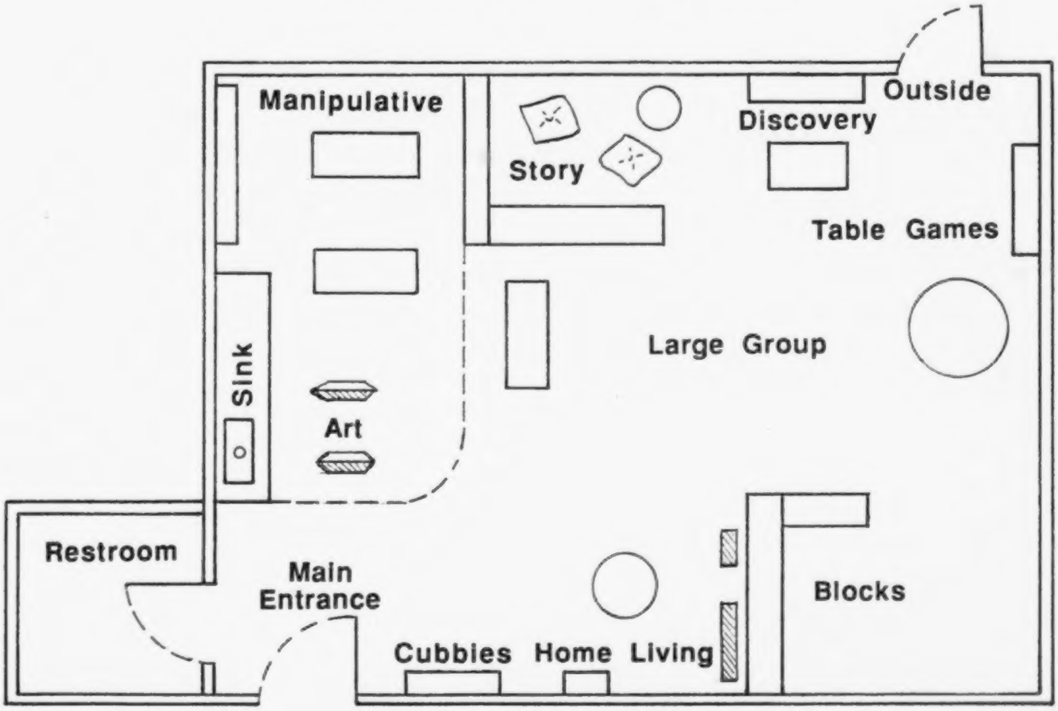
- Provide at least 30 square feet per child; 40-60 square feet per child is preferred.
- Provide a barrier-free environment to accommodate handicapped children.
- Provide child-sized features in the environment (windows, shelves, wall switches, toilets, sinks, etc.).
- Use a variety of textures (wall coverings, floor coverings, furnishings, etc.).
- Provide diffused artificial and natural lighting.
- Provide a source of water in each room or zone.
- Use appropriate design and materials to minimize the noise.
- Use energy efficient design and energy efficient materials.

Design concepts for child care facilities have traditionally focused on the self-contained design. The ***self-contained design*** features separate rooms for each group or age level of children. More recently, the open-space design concept has been used for child care facilities. In the ***open-space design,*** a large open space serves several groups of children together. Each of these space design concepts has advantages and disadvantages. For example, self-contained rooms keep children of different groups or ages from interacting. Yet, they give children a stable environment and a special place to belong. The open-space design gives children a chance to interact with a variety of other children. However, open-space designs are often noisy and confusing.

A modified open-space design may work the best and avoid the problems of the self-contained and open-space designs. In a ***modified open-space design,*** children are located in "zones" especially for their developmental levels. (For more information on modified open-space design, read *Recommendations for Child Care Centers* by Gary T. Moore, et al.)


Blocks
Discovery
Art
Outside
Cubbies
Large Group
Story
Sink
Restroom
Main Entrance
Table Games
Manipulative
Home Living

Inappropriate Room Arrangement


Manipulative
Story
Outside
Discovery
Table Games
Large Group
Sink
Art
Restroom
Main Entrance
Cubbies
Home Living
Blocks

Appropriate Room Arrangement

Figure 22.1

Boundaries

Learning centers should have boundaries to give structure and security. ***Boundaries*** help children know where an activity begins and ends. One way to provide boundaries is with furniture. A low book shelf, a group of easels, or a raised platform can be used to separate activities. Other materials can be used to make more flexible boundaries. Colored tape on the floor can be used to separate some areas. A length of fabric or paper can sometimes be hung from the ceiling to show a separate area.

Different floor surfaces also create boundaries. Carpet in the block area would separate it from a tiled floor nearby. Caregivers can use other materials or items available to divide different areas.

Logical Arrangement of Learning Centers

Activity or learning center areas should be arranged in a logical way. From the arrangement, children know what can be done in a given area. When possible, toys and materials should be stored in the area where they are to be used. There should be a place for children to work puzzles near a low shelf displaying puzzles. This arrangement shows children that puzzles should be used near where they are stored.

Consider activity and noise levels in deciding where to place each learning center. For example, a large open space encourages active noisy play. Children in a quiet area are better able to think clearly. Locating quiet activities away from noisy ones is helpful. Activity and noise in block or dramatic play areas would disturb children doing quiet activities nearby.

The floor coverings in different areas affect the types of activities done there. A vinyl floor covering is good for messy activities like art, sand play, or water play. A deep pile carpet or furry rug near the display of books invites children to relax with their favorite story. Carpet in the block area would prevent noise from falling blocks.

Areas of Varied Sizes

Children's different levels of development require large, small, and individual activity areas. The larger areas allow children to play in larger groups. These areas should have appropriate equipment to help children develop large muscles. Another area should be for large group activities such as circle time or music.

Small activity areas allow children to work with different materials, like art supplies, and things which can be manipulated. Space for small group dramatic play helps children with social relationships.

Individual areas are small and give children a chance to be alone. These cozy spaces are calming for many young children. Teachers should plan at least one cozy area. A large cardboard box, a corner divided with hanging fabric, or a card table covered with cloth may be used. Private areas should be located in or near a quiet area. The story area may be adapted to make this private place. Stuffed animals, a bean bag chair, pillows, and carpet or blankets help make the area cozier.

Uncrowded Arrangement

Crowding children into a small space often makes them withdrawn, irritable, or more excited than usual. A crowded space usually results in more noise and fewer positive interactions.

To prevent crowding, each child and activity center should have enough space. The minimum amount of space needed for each child is set by state licensing standards. Once this requirement is met, several things can be done to reduce crowding.

Having enough learning centers throughout the room helps separate children. When learning centers are all fun, children are less likely to crowd into one or two popular areas. The number of work or play spaces in an area can be set for the children. Having four chairs around a work table shows children how many people can play in the area.

Traffic Flow

Traffic flow is the movement of children between learning centers. It should be considered when arranging space. Having a clear pathway helps children direct themselves and prevents confusion. With enough space to move around freely, children can see all of their choices. Smooth traffic flow also stops children from colliding with or cutting through activity areas.

Areas protected from traffic are best for quiet or manipulative activities. The best areas might be corners with solid boundaries. Another area which needs protection from traffic is the block area. If children often walk acrosss the block area, building efforts may be frustrated.

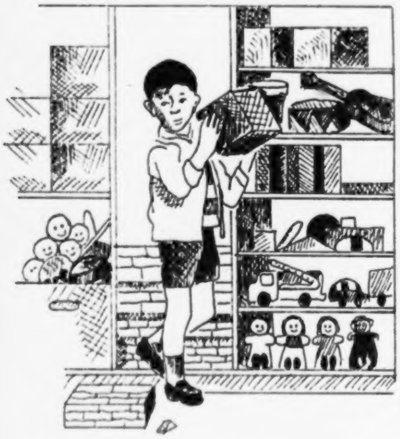
Materials for Indoor Space

When space has been arranged, the teacher and other caregivers should work toward securing and organizing the right materials. The selection, organization, and maintenance of learning materials is important. Caregivers hold the interest of children and encourage creativity with well-organized materials. This process promotes positive behaviors in children.

Use of a variety of indoor learning materials holds children's interest. These materials should fit children's interests, needs, and levels of development. Selecting materials which aid all developmental areas is important.

One way to use a variety of materials is to rotate or change materials from time to time. Materials which children get tired of can be put away for awhile. When brought out later, the materials may interest children again.

Consider the amount of materials available. Too many materials are confusing and over-stimulating. Too few materials make things dull and uninteresting. A shortage of materials results in children having long waits to use items. One cannot expect young children to be patient long periods of time. For example, supplying one push toy for a group of toddlers is sure to cause problems. Rather than improving sharing skills, the chances for problems increase.



A well-organized indoor environment promotes independent play and positive behaviors. A shelf holding unorganized blocks, books, and toys promotes the wrong use of materials. Problem behaviors may also result. Materials should be arranged so that children can view, choose, use, and return them by themselves. Each puzzle, game, set of blocks, or other item should have a special storage place. Blocks can be returned to a shelf where the block shapes are outlined. Puzzles can be stored in a special puzzle rack.

Problems can be avoided if materials are kept in good condition. Missing pieces or broken toys frustrate young children. Broken items should be removed until they are repaired.

All items for children's use should be child-sized. This includes drinking fountains, tables, chairs, and other equipment. Storage units or bulletin boards of the wrong size or height cause tension and fatigue.

Children feel that they belong when their surroundings are personalized. For example, individual storage for personal belongings helps children feel at home. It also helps to use pleasing colors, carpeting, floor pillows, stuffed toys, hanging plants, children's art work, and photographs from home. When children feel comfortable, they tend to behave in positive ways.

OUTDOOR SPACE

Children need plenty of outdoor space to play and work. To master heights and overcome fear, children need space to climb, jump, and move around. They also need space to play together without conflict. Being outdoors also improves alertness and leads to good health. State licensing standards set the minimum amount of space needed per child.

As much thought and planning should be given to outdoor space as to indoor space. Many of the same guidelines apply. Different activity areas should be planned. Each should focus on a type of play or piece of equipment. Good arrangements make best use of all areas and create a smooth traffic flow between areas. Since children should always be supervised outdoors. Arrangements should allow caregivers to supervise children easily.

Even outdoors there should be a balance between active and quiet activities. There should be sunny and shady areas. Large and small muscle activity areas should be located away from each other. Areas where infants and toddlers play should be separated from play areas of older children. It should be easy for children to tell the intended use of each area. The ground coverings should be suited to the activities of each area. Activities that involve wheel toys and building blocks work out better on hard surfaces. Rolling, crawling, and tumbling are more easily done on grassy surfaces.

Caregivers cannot rearrange outdoor space where large pieces of equipment are already in place. Some centers prefer leaving space for children to run, tumble, and climb rather than installing large equipment. There should be enough equipment and materials so children do not have to wait a long time for a turn. Equipment and toys should be in good condition with no broken parts or missing pieces. Storage should be arranged so that children can help get equipment in and out.

Sand, water, climbing equipment, and a wheel-toy path are basic outdoor play areas. Children also need private space outdoors. A large hollow concrete pipe is a good outdoor private area for children.

Guidelines for Planning Outdoor Space

Outdoor space must be planned with children's developmental needs in mind. Space for intellectual, language, emotional, social, and physical development should be planned. The following guidelines are recommended for the design of outdoor learning environments (check your state's regulations):

- Provide at least 75 square feet per child.
- Plan for the outdoor environment to be an extension of the indoor environment and vice versa (adjacent to building, covered entry, and same level as indoors).
- Locate area to take advantage of natural solar heating in winter and building shade in summer.
- Have a variety of surface textures and levels.
- Define play areas with appropriate landscaping but allow children to view other areas.
- Provide both open and semi-closed spaces.
- Include a wheel toy path and turn-around area that is separate from play areas.
- Have water and a restroom easily available.
- Zone areas so that active and passive play are separated.
- Provide areas for water play, sand play, dirt play, gardening, running, and tumbling.
- Plan environment to serve the needs of handicapped children.

Children need a variety of outdoor play areas. Almost any indoor activity can be done outdoors if the outdoor space is well designed.

Directors might use a chart similar to table 22.1 for calculating space needs for a child care program. In planning space, the enrollment for the program must be projected. Table 22.1 shows space needs for 40 and 75 children for minimum and desirable space allocations.

Materials for Outdoor Space

Organizing materials for outdoor use is also important. Sand and water play equipment, balls, tricycles, and wagons are basic outdoor equipment. For a change, caregivers can also bring items normally used indoors outside. Working puzzles beneath a shade tree or painting at an easel on the porch is as much fun outside as inside. Messy art activities, such as fingerpainting or working with clay, work well outdoors. Cleanup for these activities is much simpler outdoors.

It is important to have enough outdoor play materials. Plenty of shovels, little cars, buckets, and other containers make it fun to play in the sandbox. Having too few of a popular item causes problems. If there are only two tricycles for 15 preschoolers, it might be best to leave them in storage. It is not realistic to expect 15 children to take turns with two tricycles.

The outdoor environment can also be personalized. A spring garden where children can plant their own vegetables or flowers is a good idea. Children might paint pictures on a cardboard playhouse or decorate the trees with wind chimes they have made.

When planned well, the outdoor environment is a place where children work and play in positive ways. Without good planning, the environment encourages children to develop undesirable behaviors.

TIME SCHEDULES

Planning events in the child care center gives order to each day and helps children feel at home. The child care program director plans the general schedule of activities for a center. Within that schedule, teachers plan the order of events for the groups they teach.

As in all types of guidance, the best routines are based on the children's levels of development. Teachers' plans should be consistent, yet flexible. Having a balance of different activities is important. Using good transitions between activities also improves behavior. Group planning by staff members helps them work together to carry out the best plan possible for children enrolled.

Observe the children's levels of development to help organize time. Groups of young children need enough time for routines like toileting, resting, and eating. Toddlers need more time for each activity than preschoolers. Older preschool children have mastered these activities and need less time for each.

All children need time to just explore and to choose activities which interest them. Children need time to play together and develop positive relationships. Therefore, unstructured time should be planned for children to choose activities in the prepared environment.

Regular daily events make children feel secure and self-confident. Lunch and snack times, rest time, and toileting times are regular routines. Knowing that lunch is served after a quiet time or before rest time prepares children for a change of activities.

Flexible time plans allow children to be different. A large group of children will not do the same planned activity for long periods of time. Children need to be given choices of activities within basic time periods. Caregivers should be ready for the unexpected. If a picnic or outdoor activity is planned, there should be a backup plan in case of rain.

SUPPORT AREAS

Other spaces in the child care facility support the program for children. Those spaces include the following:

- administration
- food service
- parent area
- staff area
- entry
- housekeeping
- storage
- parking
- observation

Each of these areas must be carefully planned. The entrance is one of the most important areas but is often overlooked in planning. The entry should be warm and inviting for both children and parents. An easily accessible door, a porch, and a front garden are some of the ways to create this impression.

Once inside the facility, visitors should be able to see easily the administrative offices. These areas should also appear warm. Glass and low walls allow visitors a view of the friendly faces working in this area. Having a visually open administrative area is also important for supervision by the director. The director should have a view of the entrance to the building and the children's indoor and outdoor areas.

The design of the child care facility can have a great effect on parent participation in the program. Having well-designed areas for parents can encourage them to spend more time at the center. These areas include a parent reception area, conference room, observation windows, and transition areas between the entry area and the children's area. Parents should feel comfortable and welcome.

Support areas for staff are also important. Caregivers need plenty of work and storage areas. They also need quiet areas so that they can get away for a few minutes.

SPACE REQUIREMENTS FOR A CHILD CARE CENTER

SPACE	AMOUNT OF SPACE REQUIRED	
	40 CHILDREN	**75 CHILDREN**
Indoor Learning Area		
At 35 square feet per child, minimum	1,400	2,625
At 50 square feet per child, desirable	2,000	3,750
Outdoor Learning Area		
At 75 square feet per child, minimum	3,000	5,625
At 125 square feet per child, desirable	5,000	9,375
Total Building Size		
At 72 square feet per child, minimum	2,880	5,400
At 100 square feet per child, desirable	4,000	7,500
Site (Lot) Size		
At 200 square feet per child, minimum	8,000	15,000
At 350 square feet per child, desirable	14,000	26,250

Table 22.1

The importance of a well-planned facility cannot be overemphasized. Many individuals are involved in this planning process. Together these individuals identify their goals and philosophy, determine design guidelines, plan a schedule, design the facility, and construct the facility.

Facility Maintenance

Maintaining a child care facility is an ongoing responsibility for child care program directors. A maintenance calendar helps the directors plan for regular maintenance. Also needed is a list of qualified people or companies to be used for maintenance services or repairs. Of course, directors can do many maintenance tasks themselves.

MAINTENANCE CALENDAR

Facilities last longer and work better when they are well maintained. Besides general tasks such as cleaning floors, walls, windows, and other items, the following tasks should be included on a ***maintenance calendar:***

- inspect and service heating system
- inspect and service cooling system
- inspect and service water heater
- inspect electrical system

- inspect plumbing
- inspect interior building structure
- inspect exterior building structure
- inspect concrete sidewalk, parking area, paving
- inspect locks and security devices
- provide for insect control
- maintain ground (yards, garden, play surfaces)
- inspect outdoor equipment
- inspect fence and gates

A maintenance calendar is a special calendar organized for the purpose of reminding the director which maintenance tasks need to be done. Some jobs, such as inspection and service of heating or cooling systems, are needed once or twice a year. Other tasks, such as grounds maintenance, must be done weekly or daily. Directors should know how to inspect their buildings, grounds, and equipment and when to call on others for assistance. Directors will find a simple maintenance calendar helpful in planning and implementing maintenance tasks.

Points To Remember

- Developing and maintaining a child care facility involves good planning and provides indirect guidance to encourage positive behavior from children.

- Grouping small numbers of children together results in lower noise levels. Smaller groups also allow better use of materials available. Having fewer children per caregiver allows more individual attention for children and helps reduce behavior problems.

- State licensing standards for child care facilities usually include requirements for amount of space per child, number of toilets and lavatories, fire safety features, sanitation features, and indoor and outdoor safety features. Federal, state, and local regulations may also affect child care facility location and operation.

- The location of the facility is a critical choice for the success of a child care program. The location must be safe, convenient, and attractive to parents.

- Indoor learning space must be planned with children's developmental needs in mind. Self-contained, open-space, and modified open-space designs may be used in arranging indoor space.

- Arranging learning centers logically, using boundaries, varying the size of activity areas, avoiding crowded arrangements, and creating a smooth flow of traffic can aid in design of indoor space.

- The selection, organization, and maintenance of indoor and outdoor learning materials is important. A variety of materials should be utilized to fit children's developmental levels. Maintaining adequate amounts of materials in good condition is also important.

- Outdoor space should be planned to allow enough space per child. A variety of learning centers which fit developmental levels of children improve the outdoor environment.

- A good daily plan provides order for each day and helps children feel at home in the child care center. Consistent but flexible schedules help provide smooth transitions and an orderly sequence of events.

- Support areas must be carefully planned to include spaces for administration, food service, parents, staff, an entrance, housekeeping, storage, parking, and observation of children.

- A maintenance calendar helps the child care program director plan and implement maintenance tasks. Some maintenance tasks need to be performed daily or weekly. Other maintenance needs to be done only once or twice a year.

Words To Know

boundaries
child/staff ratios
indirect guidance
maintenance calendar
modified open-space design
open-space design
self-contained design
traffic flow

Questions For Review

1. How might children's behavior be affected by grouping patterns? child/staff ratios? space? materials? time?
2. How should indoor space be arranged to help guide children toward positive behavior?
3. Explain how arrangements of learning centers can affect children's behaviors.
4. In what ways do boundaries help guide children's behavior?
5. How can small cozy spaces be used in indirect guidance? How can large areas be used?
6. How does crowding affect children's behavior? Why? What can be done to prevent this problem?
7. How is planning for outdoor space different than planning for indoor space? How is it the same?
8. When planning time schedules, how can activities and routines be planned to best meet children's needs? How important is it to be consistent and flexible in developing these schedules?

9. How can smooth transitions prevent problem behavior?

10. What guidelines should be followed in choosing the best location for a child care facility?

11. What is the minimum indoor space that must be provided per child to meet your state's minimum licensing standards?

12. What is the minimum outdoor learning space per child that must be provided to meet your state's minimum licensing standards?

13. How can well-designed support area space contribute to an inviting atmosphere for parents? Give examples.

14. How can well-designed support area space create a pleasant working atmosphere for child care staff? Give examples.

15. What maintenance tasks should be included on a child care maintenance calendar? Which of these tasks need to be done only once or twice a year?

23

Chapter Twenty-three Child Care Program Organization/Administration

ESSENTIAL ELEMENTS

- Apply procedures and policies in a child care setting.(f4A)
- Assist with management procedures in the child care setting.(f4F)
- Describe guidelines for communicating with parents/guardians of children.(f2D)

OBJECTIVES TO ACHIEVE

- Outline traits of an effective child care program leader.
- Explain the roles of planning, organizing, implementing, evaluating, and communicating in program management.
- Describe major responsibilities of a child care program director.
- List types of records maintained for a child care program.
- Determine steps the director can take to maintain confidentiality of information about children and families.
- Outline the steps in starting a new child care program.
- Identify information to research for a needs assessment.
- Review guidelines for formulating child care policies and procedures.
- Describe how child care programs gain accreditation.
- Explain the licensing process by which the government sets and enforces standards for child care.

Organization and Administration

The child care center director is the administrator, or leader, of the child care program. As mentioned in Chapter Two, a child care program director must have specific qualifications for the type of program directed. The child care program includes all activities involved in the operation of a center. Among these activities are the following:

- curriculum
- food service
- health and safety program
- licensing standards
- business management functions

All good leaders have some basic management competencies in common. ***Child care management*** involves the director coordinating the activities of other people in achieving program goals. An effective leadership style is essential.

Successful child care directors adopt a ***leadership style*** based on working situations and their own personalities. Some styles are more effective for some directors than others. For example, one leadership theory describes "task-oriented" and "people-oriented" styles. A child care program director might be more people-oriented than task-oriented. For this program director, problems with the budget might be more frustrating than problems with personnel. The most effective leaders tend to have a high regard for employees as well as the work to be done.

Directors with effective leadership styles are good models. They show commitment through good work habits. They arrive at the center on time and avoid unnecessary visiting. They take care of personal business on personal time. Effective directors manage time well.

Behavior and appearance also affect leadership effectiveness. This is especially true when child care program directors meet the public. A neat, well-groomed appearance shows a director is professional. Good manners and consideration for others set the tone for business to be conducted.

FUNCTIONS OF MANAGEMENT

Management involves five basic functions: planning, organizing, implementing, evaluating, and communicating. Child care directors will find themselves involved daily in each of these functions.

Planning

Planning is thinking which occurs before action is taken. Planning comes first. Planning involves decisions about how to go about achieving goals and objectives. Another way to describe planning is that it answers the questions what, why, when, where, how, and by whom. Four steps in planning are discussed in the sections below.

Step One: Setting Goals and Objectives - Setting goals and objectives is the first step in planning. ***Goals*** tell where an organization hopes to be in the future. An administrator of a new child care center may have a program goal to develop a well-known and respected program by the end of two years. Goals are sometimes considered a finishing point, but actually the achievement of one goal calls for new goals to be developed. For this reason, goals should be thought of as checkpoints along the way. As long as the child care program is in operation, there will be goals to strive toward.

Objectives are more specific statements related to a goal. Objectives tell the exact behavior and the activity to be achieved. For example, the administrator who desires a well-known and respected program might have some of the following objectives:

- Print at least six ads in the local newspaper advertising the child care program.
- Apply for program evaluation from a national organization which promotes quality child care.
- Hold an open house for members of the community to become familiar with the program.

Such objectives clearly show the action to be taken. In addition, goals and objectives provide the basis for evaluation.

Step Two: Assessing Resources - The second step involved in planning is assessing what resources are needed to achieve the stated objectives. ***Resources*** include materials, people, services, and time. If enough resources are not available to accomplish a certain objective, the objective may need revision.

Step Three: Determining Sequence of Activities - The third step in planning is determining a sequence of activities. Charts, lists, and tables are useful for this task. These items help show the sequence of events and time involved in achieving the objectives.

Step Four: Decision-Making - The final step in planning is decision-making. In planning, several courses of action may be considered. In ***decision-making***, the director carefully thinks about strengths and weaknesses of each course of action and then chooses the best plan.

Decision-making must also be used to form goals and objectives. In this way, decisions are based on what is most important at the time. For example, a child care director may have several projects to be done but not enough resources. A decision is made about projects. Resources are then used for projects in order of priority. Decision-making skills play an important role in planning as well as in the other functions of management.

Organization

When managing, organization involves setting lines of authority and communication, assigning tasks, and motivating employees. People are the main focus. Lines of authority and communication may be pictured on an organizational chart. Teacher assistants should report problems or suggestions to the teacher with whom they work. The teacher reports to the head teacher. In turn, the head teacher reports to the director. This system of relaying information is sometimes called a chain of command.

Assigning tasks means giving out job responsibilities. Tasks to be done are identified in the planning stage. After this, tasks are assigned to members of the organization.

One management principle advises managers to allow employees to perform most tasks. This theory says that a director uses time wisely by supervising others, not by actually doing the work. However, it is best for directors to be able to perform most jobs at the center when necessary. An example of this occurs in small child care programs where the director may be a teacher as well as director.

People perform their jobs better when they are motivated. ***Motivation*** is energy which causes people to do the best possible jobs they can. Managers can motivate employees in many ways. People tend to be motivated when they are involved in planning and organizing. Communication plays a key role in motivation. Once people are motivated and assigned to tasks, plans are ready to be implemented.

Law of Organization and Administration - A child care center may be organized as a sole proprietorship, a partnership (co-partnership and limited partnership), or a corporation. The type of organization will affect the following:

- the amount of financial liability for which the operator of the facility could be held responsible
- the types of decisions the center may make
- the ease with which the original operators of the center may transfer it to others or change its basic form
- the types of taxes which must be paid
- the requirements regarding what happens when the center "goes out of business"
- the paper work involved in creating and operating the facility

In general, ***sole proprietorships*** and ***partnerships*** allow the owner(s) to have more control over decisions made with the least paperwork possible. The major disadvantage is that a sole proprietor or co-partners are personally responsibile for financial losses and/or for any criminal or civil charges brought against the center.

A ***corporation*** legally exists separately from any people who create or operate it. Corporations may operate as profit or nonprofit businesses. All nonprofit facilities must be organized as corporations. In a corporation, liability falls on the corporation rather than the people who operate the center. (There is an exception: No individual has protection from claims resulting from gross negligence or deliberately harmful acts.) There are some disadvantages to corporations. These include the loss of decision-making control. Control is in the hands of the board of directors. Extensive paperwork and a complicated process for "going out of business" are also a disadvantages. When a nonprofit center goes out of business, any assets left after all the bills are paid must be donated to another nonprofit organization.

Implementation

Putting a plan into action and ensuring progress is known as ***implementation***. Mangers direct the activities of those employees assigned to a particular project or job. Once activities are in motion, the manager should obtain feedback from employees about their work. In this way changes can be made when necessary. The ongoing communication between manager and employees leads to evaluation.

Evaluation

Evaluation answers questions concerning the degree to which the objectives have been reached, how well tasks have been performed, and how well people measure up to goals.

Evaluation is based on goals and objectives set in the planning stage. Evaluation can occur in different forms and at different times in a child care program. Budgets are evaluated monthly and annually. The job performance of each employee is evaluated on a regular basis.

Evaluations can be formal or informal. Formally, the director may observe and evaluate a caregiver using a detailed checklist of standards. Informally, a director might give some positive feedback to a caregiver about a task well done. In either case, evaluation records should be kept on file. A list of evaluation areas is given below.

- **People**
  - employees' performance
  - childrens' development
  - parents' participation
  - caregivers by other caregivers
  - director (self-evaluation)

- **Program**
  - curriculum
  - learning centers
  - learning materials
  - classroom management
  - health and safety
  - food service

- **Procedures**
  - how things are done
  - lines of communication
  - policies

- **Financial Status**
  - assets
  - liabilities
  - income
  - cost control
  - fund raising
  - annual budget

- **Events**
  - workshops
  - parent meetings
  - staff meetings
  - cultural celebrations

- **Records**
  - childrens' developmental
  - personnel
  - financial
  - maintenance
  - licensing

Evaluations should result in improved performance or a change in plans. In this way, evaluating leads back to planning.

Communication

The first four management functions—planning, organizing, implementing, and evaluating—might be four points around a circle. The management function of communication is the line between each of these points. In other words, communication connects the other management functions together. Figure 23.1 presents an example.

Communication is a process in which information is shared. Between two people, messages are sent and received. Messages are both verbal and nonverbal. A director may tell the staff about a new policy. Parents might be informed

Functions of Management

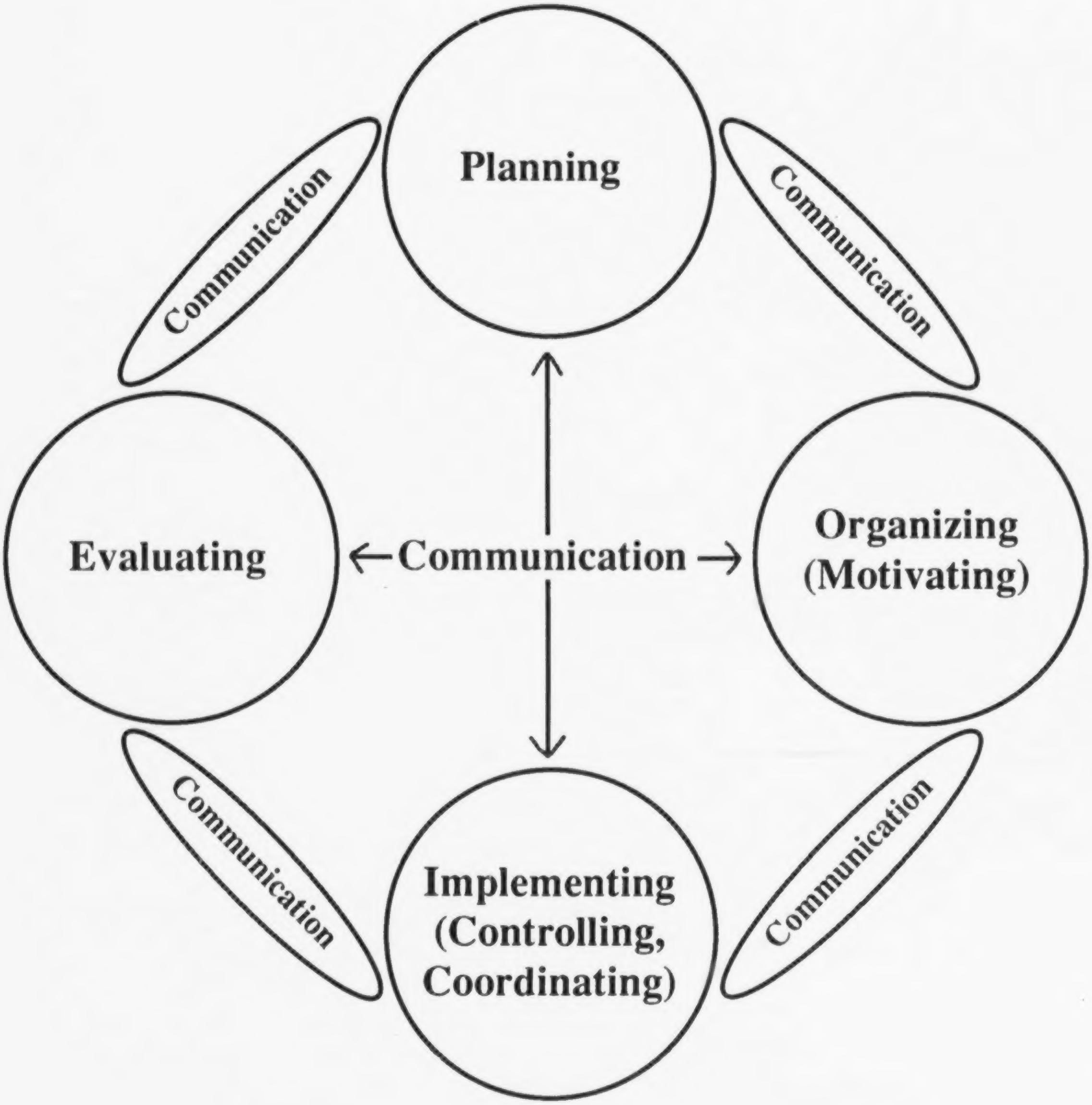

Planning
Communication
Communication
Evaluating
Communication
Organizing (Motivating)
Communication
Communication
Implementing (Controlling, Coordinating)

Figure 23.1

about a new fee scale in a memo. A caregiver might communicate acceptance when hugging a child. Some guidelines for effective communication are as follows:

- Think first.
- Choose words carefully.
- Speak clearly.
- Be specific.
- Be positive.
- Encourage feedback.
- Be a good listener.
- Use touch wisely.
- Develop effective writing skills.
- Observe body language.

RESPONSIBILTIES OF THE CHILD CARE PROGRAM DIRECTOR

The child care program director has many responsibilities. The functions of management—planning, organizing, implementing, evaluating, and communicating—apply to all areas of operation.

Routine Responsibilities

The director is responsible for curriculum, facility, personnel, food service, finances, and community relations. Below is a list of the director's responsibilities. Note that matters related to record keeping are included in each category. The list is adapted from Click, *Administration of Schools for Young Children*, 2nd ed.

- **General Responsibilities**
  - Determine state and local regulatory agencies and requirements regarding licensing, health, and safety regulations.
  - Serve as ex officio member of the board of directors and attend committee meetings as necessary.
  - Provide leadership for setting overall goals for the center that will be used as a basis for curriculum objectives.
  - Maintain privacy of information about children and their families.
  - Evaluate own work as a director and plan for continuing professional growth.

- **Enrollment**
  - Enroll children and keep an accurate waiting list.
  - Interview prospective parents and give information about the center.
  - Maintain enrollment records.
  - Plan orientation for new parents.
  - Know the changing needs of the community in order to maintain full enrollment.

- **Curriculum**
  - Provide direction to staff in setting curriculum objectives appropriate for the center.
  - Work with staff to implement and maintain objectives.
  - Provide leadership in evaluating the curriculum.
  - Maintain a record of the growth, behavior, and progress of each child.

- **Facility and Equipment**
  - Plan, arrange, and use space effectively.
  - Maintain facility by providing custodial and repair services.
  - Plan future space and equipment needs.
  - Keep records such as inventories, repair schedules, and purchase information.
  - Manage supplies and reorder as needed.

- **Personnel**
  - Recruit and hire staff.
  - Prepare job descriptions for each position.
  - Formulate and apply personnel policies.
  - Assist staff in carrying out center objectives.
  - Provide a continuing assessment of staff development needs.
  - Plan with staff for in-service training.
  - Encourage staff involvement in community activities.
  - Meet with staff to resolve problems.
  - Prepare a staff handbook and keep it current.
  - Keep personnel records.

- **Food Service**
  - Plan nutritious meals and snacks.
  - Order and store food and supplies.
  - Monitor sanitation practices in food preparation, service, and cleanup.
  - Provide a pleasant snack and meal time environment.
  - Control food budget expenditures.

- **Health and Safety**
  - Maintain an adequate health program for the center.
  - Keep health records on all children enrolled.
  - Keep staff informed concerning the health status of each child.
  - Talk with parents as needed about child's health status.
  - Refer families to community agencies for special health needs when necessary.
  - Be informed regarding legal responsibilities of the center in relation to safety.
  - Keep accurate accident records.
  - Plan activities for staff and children that teach safety.

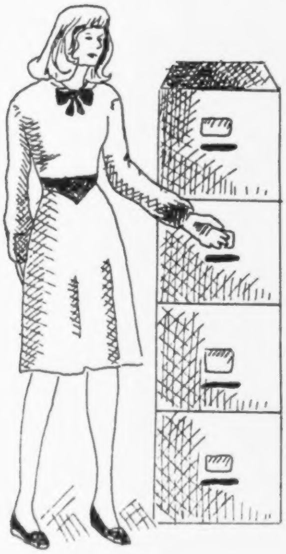
- **Finances**
  - Set up a budget.
  - Control budget expenses.
  - Collect fees and tuition.

  - Keep records of income and expenses.
  - Handle petty cash disbursements.
  - Prepare monthly reports on expenses to date.
  - Prepare a year-end analysis of budget and expenses.

- **Parent Involvement and Education**
  - Communicate objectives of center to parents.
  - Plan and implement parent education activities.
  - Talk with parents regarding their childrens' progress.
  - Encourage a variety of ways for parents to be involved in center activities.
  - Keep adequate records of parent involvement and education activities.

- **Community Relations**
  - Interpret the center and its objectives to visitors.
  - Represent the center at community functions.
  - Establish contacts with community agencies.
  - Keep records of community interactions and contacts.

Importance of Record Keeping and Privacy



Child caregivers must maintain privacy of information about children and their families. A child's records are open to the director and caregivers directly caring for a child. Without written permission from the parent(s), records should not be shared with other individuals. The director must be firm in keeping records private. Some steps the directors can take include the following:

- Develop written policies and procedures about privacy. Include examples to explain policies.
- Explain during each employee's orientation the necessity of keeping information about children and families confidential. Give each employee a copy of the policies and procedures and review them.
- Remind caregivers and other employees periodically during staff meetings the importance of privacy.
- Hold a caregiver training session about professional ethics.
- Name staff members who have access to written records.
- Assure parents that their children's records are kept private.
- Do not pass a child's records on to other professionals without written permission of the parent.

In general, the following information is needed in children's records. The list is adapted from Draper and Draper, *Caring for Children*, 1979.

- **Background Information**
  - child's full name, address, and birthdate
  - parents' names, home and businesses addresses, and telephone numbers
  - name, address, and telephone number of doctor and/or clinic to contact in case of emergency

- **Health Information**
  - childhood diseases and other illnesses prior to enrollment in the program
  - information concerning accidents and illnesses of child while enrolled in the program
  - particular symptoms or unusual observations regarding the child while in the center, such as nasal or ear drainage, headache, fever, or rash
  - immunization records
  - medication records, including written permission from a parent or a doctor to give the child medication (if it is a center policy to administer medication to children under these conditions)
  - accurate records of the amount and time of medications given

- **Enrollment and Attendance Information**
  - date of enrollment
  - daily attendance record (must usually be kept on file for one month or longer)
  - notes concerning reasons for absences
  - signed statement about who has permission to pick up the child from the center
  - date of discharge or termination

- **Developmental Information**
  - notes concerning child's progress in specific areas of development
  - notes about the parent's personal objectives for the child, signed by the caregiver making the observation or evaluation
  - a record of problems or difficulties apparent from the child's daily experiences.

Maintaining a Positive Working Environment

In addition to the duties already listed, the director must create and maintain a positive working environment. The following are included in a positive working environment:

- Communication channels are open.
- Staff members understand and support the goals of the program.
- Staff members receive needed materials and psychological support.
- Evaluation and feedback occur frequently.
- Staff members participate in decision making.
- Work rules and policies are reasonable.
- The physical environment is comfortable and safe.
- A spirit of cooperation is promoted.
- Staff members feel valued and respected.
- The developmental needs of the children are met.

Working With a Board of Directors

Many types of child care programs are governed by a board of directors. The board is responsible for establishing the philosophy and goals of the center. In addition, the board sets up policy and sees that the program operates within the state standards.

The child care program director reports to the board. In other words, the board represents the director's immediate supervisor. Some of the director's responsibilities to the board include the following:

- helping the board get organized
- carrying out established policies
- making regular reports to the board on center operations
- preparing background information to help the board make decisions
- making recommendations to the board about needed policy changes
- bringing serious problems to the attention of the board

A good relationship with the board of directors is essential if the child care program is to be effective. The board of directors can be both an asset and a challenge to the director. Whenever the director has need, the board can provide advice and support. Times will arise, however, when the board adopts a course of action different from that recommended by the director. The director may feel frustrated at these times. Boards of directors and program administrators are continually involved in a learning process. As experience is gained, a mutually satisfying relationship should develop.

STARTING A NEW PROGRAM

Some child care program directors will have the opportunity to start a new child care program. This opportunity involves many weeks and months of planning and implementation. The steps in starting a new program are taken with licensing requirements in mind. The director should learn as much as possible about each of these steps before undertaking them:

Step 1: Conduct a needs assessment.
Step 2: Develop the statement of philosophy plus goals and objectives for the program.
Step 3: Determine the legal structure of the organization (profit, nonprofit, etc.).
Step 4: Choose the location.
Step 5: Contact the state licensing agency and other regulatory agencies. Follow their procedures.
Step 6: Evaluate insurance needs and obtain insurance.
Step 7: Develop a budget for the first year. Set fees.
Step 8: Formulate operating policies and procedures.
Step 9: Advertise.
Step 10: Hire caregivers and other employees.
Step 11: Develop the curriculum.
Step 12: Enroll children and begin the program.

Needs Assessment

In business terms, assessment of a community's need for child care is called a ***market analysis***. In the child care profession, this process is often called a ***needs assessment***. Any potential small business operator wants to determine the demand for the goods or services to be provided before starting a business.

Individual or groups wishing to start a child care program need to know the following:

- how many families want or need child care
- the number and ages of children who need child care
- where parents prefer to go for child care (close to home or near work)
- what hours would be most convenient
- what kinds of experiences are desired for children
- what fees are considered feasible
- what services may be needed (infant care, school-age care, etc.)

Several approaches can be taken to gather this information. State or local agencies which keep population records are most helpful. For example, the city's planning office or the United Way planning office will often have information on the characteristics of the population.

A needs assessment survey can be developd and conducted by mail or phone. The survey form should be clearly worded and responses easily indicated. The number of people surveyed depends on the time and financial resources available. However, the more people who respond to the survey, the more useful the findings will be.

The population surveyed will depend on one of two things. First, if the individuals starting the program already have a specific type of program or service in mind, they will want to survey a large portion of the city or region. In this way, they will be able to locate the population area where the program will have the best chances for success. Second, if the center location has already been decided upon, the survey might be conducted in that area alone. In this case, the survey should help decide what type of program or service will be most successful in the given area.

The needs assessment, or market analysis, conducted before a program begins is one way to help ensure program success. Failure to find out if the people in the area need child care can lead to the downfall of an otherwise well-planned program. For an established program, needs assessment can help determine program changes. For example, based on changing needs of the population, a program for preschoolers might be expanded to include an infant/toddler and an after-school program.

The Licensing Process

State governments are responsible for child care licensing and/or registration. Some states give part of this responsibility to city governments. The process of licensing varies within state governments. In many states, the licensing agency is the Department of Welfare. In other states, licensing may be done through the Department of Health, the Department of Education, the Department of Human Services, the Office for Children, or some other branch of state government. In Texas, the licensing agency is the Texas Department of Human Services.

Child care licensing standards also vary widely from state to state. In general, licensing standards are set to protect children's physical health and safety and to aid their physical, social, emotional, and mental development. Developmental standards are harder to enforce than health and safety standards. Therefore, states may use other ways than licensing to maintain standards. These methods may include ***fiscal*** (funding) regulations, accreditation recognition, and training requirements for child care workers.

The process of getting a new license for a child care center can be long and complicated. In some states, it takes about one year before a new license is approved. The time for Texas is usually three to six months. Licensing usually involves zoning and building code requirements and local and state fire, safety, and sanitation standards. Inspections of the site must be made by groups that set and enforce these standards. Reports must be written, distributed, and filed. Any problems existing must be given enough time to correct. Various reports must be coordinated, and a final on-site inspection must be made before the license is approved. A child care center license is usually approved for one to two years, depending on the state. Often a fee is charged.

In some states, certain types of child care programs do not need to be licensed. These include programs for religious instruction or situations where care is provided briefly, such as "Parents' Day Out." Programs under the control of other government agencies (such as military bases) or those provided by public schools may not require licensing. Some programs choose to be licensed, even though licensing is not required.

Provisional License - In most states, a center may begin to use a ***provisional*** (or conditional) ***license*** until all licensing requirements are met. This may be allowed if the licensing agency sees no danger to children. A center must usually submit a plan showing how any existing problems will be solved. A large majority of states allow one or more renewals of provisional licenses, if necessary.

Inspections and Complaints - To ***revoke*** a license means to remove it. A license cannot be revoked without due process. ***Due process*** is a legal term that means certain procedures must be followed. Due process rights mean that the center must receive written notice of all violations found in an inspection. It also means that a center can appeal a decision and may present its side at a hearing. Often, the licensing agency works with a center to correct violations. Except in emergencies, a center charged with license violations can operate until a hearing is held and a decision is made. A state can get an order from the court to close a child care center if children need protection from a severe threat to their health and safety.

Licensing Standards - Most states set minimum standards for operating a child care center. A ***minimum standard*** is the lowest acceptable condition the state will accept in a certain category. It is not the ideal standard. Licensing categories usually include staff qualifications, group size, and staff/child ratio. The ratio depends on the ages of the children and the number of children in a group. The ratio may be based on the number of children enrolled or the number attending. Most states base ratios on the number of children enrolled. Required ratios of staff to children range from 1:4 for the youngest children to 1:25 for the oldest children. In all cases, each child must have a caregiver responsible for and aware of his or her habits, interests, and special needs. The caregiver must know the child's name and age. Table 23.1 gives the 1985 minimum standards for staff/child ratios in Texas.

TEXAS STAFF/CHILD RATIOS

INFANTS

Age of Youngest Child (months)	**Maximum Number of Children**	**Minimum Number of Staff Members**
0-11	5	1
0-11	12	2
12-17	6	1

PRESCHOOL AND SCHOOL-AGE CHILDREN

Age of Youngest Child	**Number of Children**	**Maximum Number per Staff Member**
18 months	4 or more	9
	less than 4	10
2 years	5 or more	11
	less than 5	13
3 years	7 or more	15
	less than 7	17
4 years	11 or more	18
	less than 11	20
5 years	13 or more	22
	less than 13	24
6 years and older	—	26

Table 23.1

Exceptions to the guidelines given in table 23.1 are allowed at nap times, 45 minutes after opening, and 45 minutes before closing the center. At these times, children older than 18 months may be grouped together with fewer staff responsible for more children. Check state regulations for specific information on these exceptions.

Group Size - Recent studies have shown that group size is a major factor in the quality of child care programs. However, most states do not include group size in their licensing standards. For states including group size, maximum group size ranges from about 6 for younger children to around 25 to 35 for older children. Larger groups are usually allowed at arrival and departure times, meal times, nap times, and for special activities such as playground time or field trips. Texas minimum standards (1985) for group size are listed below:

- If the youngest child in the group is younger than 18 months old, the maximum group size is 14 children.
- If the youngest child in the group is 18 through 23 months old, the maximum group size is 18 children.
- If the youngest child in the group is 18 through 23 months olds, up to 35 children may be in regular classroom activities as long as the staff/child ratio is maintained.
- A center may combine more than 35 children two years old or older for activities 30 minutes or less as long as the staff/child ratio is met. If all children in the group are five years old or older, the groups can be combined for up to one and one-half hours.
- In Texas prekindergartens for four-year-olds, maximum group size is 22 children.

Table 23.2 provides the maximun group size standards according to age and the minimum staff/child ratios for child care programs. These standards are set by the National Association for the Education of Young Children (NAEYC).

NAEYC STAFF/CHILD RATIOS

Age of Children	Maximum Group Size	Minimum Staff/Child Ratio
Infants	8	1/4
2-year-olds	12	1/6
3-5 year-olds	20	1/10
6-8 year olds	24	1/12

Table 23.2

Staff Qualifications - All states, to some extent, regulate the qualification of staff. Age, education, and experience are usually specified in minimum standards. Requirements vary widely. In some states, there are no requirements for persons who are not administrators. Standards for staff qualifications in three different levels of child care employment are discussed in Chapter Two. Most states require the center to provide orientation periods for staff. Personnel without nationally recognized credentials are usually required to participate regularly in specialized child care training.

Record Keeping - Licensing standards in most states require that written records be kept for each child. Health reports, information about parents, and emergency names and telephone numbers are usually included in the requirements. Some states have very specific requirements about records that must be kept. Refer to the earlier section in this chapter for details of record keeping procedures.

Personnel records are also a licensing requirement in most states. Texas standards require that a child care center must keep staff attendance records for the previous three months. The hours each staff member works must be recorded. In addition, a center must have the following on file for licensing inspection:

- the date on which each staff member began work at the center
- a statement from each staff member providing information about all felony and misdemeanor convictions and all pending criminal charges
- a record for each staff member of a tuberculosis examination no earlier than 12 months before beginning the position
- a copy of an application or other document showing how each staff member meets the required staff qualifications

Most states require that the child care license (or registration certificate) be posted where it can be easily seen by parents and visitors. It is often required that a copy of the state's licensing standards and procedures and a copy of the center's latest inspection report be available if a parent requests them.

Physical Space - The majority of states require at least 30 square feet of indoor space per child. In most states, this space cannot include areas such as halls, closets, kitchens, and bathrooms. The outdoor space requirements vary greatly. Most states allow for some alternative, such as nearby parks or playgrounds. When guidelines are given for outdoor space, the minimum standard is for approximately 80 square feet of outdoor space per child using the space at any one time. This is the requirement in Texas.

Equipment - Most states include a general statement about equipment in their list of minimum standards. For example, Texas's minimum standards require that the center provide indoor and outdoor equipment. Materials appropriate to the developmental needs, individual interests, and ages of children are also required. There must be enough equipment and materials to avoid competition among the children or long waits for materials.

Nutrition - The length of a child's daily stay in child care determines the proportion of nutrition to be provided by the center. In general, if a child stays four hours or less per day, one-third of the child's daily food intake must be provided by the center. One mid-morning snack and lunch are adequate for a child who stays during the morning hours. For a child who stays at the center beyond four hours per day, as much as two-thirds of the child's recommended daily food intake may have to be provided.

Licensing standards generally require that menus for meals and snacks be planned and posted in advance. All meals and snacks for one day must have a balance of the basic food groups: vegetables and fruits, milk and milk products, breads and/or cereals, and meat and/or alternate protein.

Safety and Sanitation - Child care licensing standards for safety and sanitation usually conform with the public safety laws and public health laws for the state. State fire, safety, and health standards must be met before a new license is granted. Inspections are made by local and/or state fire, safety, and health officials. After the first inspections, routine inspections are made each year or more often if a complaint is filed. The child care licensing agency must have a certification of approved inspections on file before a child care license is renewed.

POLICY MAKING

The director of a child care program writes policies and procedures for operation of the center. Whenever possible, employees should be asked to provide input. Policies and procedures should be approved by the board of directors. Well written policies and procedures help employees to carry out their daily jobs. They also help protect the child care center and the program director from liability. They should be reviewed regularly, especially during the beginning phases of a program. Some general guidelines for policy making are listed below.

- Policies should reflect the goals and purposes of the child care program.
- Policies should apply to the day-to-day working situation.
- Persons affected by policies should be encouraged to give feedback about those policies.
- Policies should be written in positive terms.
- Policies need to be carefully written so that all are understandable.
- Policies need to be distributed in an orderly written manner.
- Policies should be reviewed from time to time to determine if they still apply.

ACCREDITATION OF CHILD CARE PROGRAMS

Accreditation is a nonlicensing method for developing quality child care. Accreditation standards are usually higher than the minimum standards used by licensing agencies. Accreditation "suggests" a higher quality of care than licensing, but it does not take the place of licensing.

Accreditation is generally done voluntarily. It involves the certification by an accrediting group that the program meets high standards. The accrediting group may be public or private. Its members may be operators of child care facilities, child care training professionals, or parents. Accreditation of child care programs is relatively new, but it is expected to expand rapidly in the coming years.

The leader in voluntary accreditation is the National Association for the Education of Young Children (NAEYC). NAEYC accreditation is done through the National Academy of Early Childhood Programs (a branch of NAEYC). NAEYC trains persons who make on-site visits to validate information provided in reports submitted by child care centers.

Points To Remember

- Effective child care program directors develop a leadership style. The style is based on the working situation and the person's personality. Good directors care about their work and the employees. They model good work habits, manage time well, and have professional appearance and behavior.
- The five basic functions of child care program management are planning, organizing, implementing, evaluating, and communicating.
- Planning involves setting goals and objectives, assessing resources, determining sequence of activities, and decision-making.
- The child care program director must periodically evaluate people, the program, procedures, financial status, events, and records.
- The child care program director has overall responsibility for enrollment, curriculum, facility and equipment, personnel, food service, health and safety, finances, parent involvement and education, and community relations.
- Records are usually maintained for all areas of responsibility. Some records are required by licensing standards.
- The child care program director must take a firm leadership role in seeing that records about children and families are kept private.
- A good relationship with the board of directors is important for the director. The director reports and has several responsibilities to the board.

- The major steps in starting a new child care program are as follows: conduct a needs assessment; develop philosophy, goals, and objectives; determine legal structure; choose a location; contact licensing and other regulatory agencies and follow their procedures; obtain insurance; develop a budget; advertise; hire caregivers and other employees; develop the curriculum; formulate operating policies and procedures; and enroll children.

- A needs assessment surveys the community's needs for child care services. For a new program, the needs assessment should be conducted before a program is developed. For an established program, a needs assessment can help determine program changes.

- Child care policies and procedures should reflect the goals and objectives of the program, apply to the day-to-day working situation, be written clearly in positive terms, be distributed to all employees, and be reviewed periodically.

- Sole proprietorships and partnerships allow the child care operator(s) the greatest amount of control with the least amount of paperwork. However, a corporation best protects the operator(s) from personal liability.

- State governments regulate child care by setting and enforcing licensing and/or registration standards. Obtaining a license may take time because of requirements and local and state fire, safety, and health standards. Inspection of the site must be made by groups that set and enforce these requirements and standards.

- Child care licensing standards are enforced through routine inspections conducted once or twice a year. The inspections may be unannounced in most states. Special inspections are conducted when a formal complaint is made against a center. A child care license may be revoked if a center does not comply with the minimum standards.

- Minimum licensing standards are usually set in the following categories: staff/child ratios, group size, staff qualifications, record keeping, physical space, equipment, nutrition, safety, and sanitation.

- Written records for each child and each staff member must be kept. For children, records usually must include general enrollment information, health records, names and telephone numbers or people to call in emergency situation, names of people to whom a child may be released, emergency medical authorization, and attendance records. Staff records usually include attendance records, documentation of how the employee meets staff qualifications, and certain health records.

- Accreditation is certification by an accrediting group that a program meets high standards. A nationally recognized accrediting program is available through the National Association for the Education of Young Children (NAEYC).

Words To Know

accreditation
child care management
communication
corporation
decision-making
due process
fiscal
goals
implementation
leadership style
management
market analysis
minimum standard
motivation
needs assessment
objectives
partnerships
planning
provisional license
resources
revoke
sole proprietorships

Questions For Review

1. What characteristics do effective child care program directors have in common?

2. What are the five functions of management? Explain how these apply to child care program management.

3. Outline the responsibilities of the child care program director.

4. What types of records are generally kept in a child care center?

5. What steps can a child care program director take to help assure that child and family records are kept private?

6. What are some of a child care program director's responsibilities to the board of directors?

7. Outline the major steps to take in starting a new child care program.

8. What types of information can be gained from a child care needs assessment?

9. What guidelines should be followed in creating child care policies and procedures?

10. Explain the process for obtaining and maintaining a license to operate a child care program.

11. What are typical licensing standards for each of the following?
    a. staff/child ratios
    b. group size
    c. staff qualifications
    d. record keeping
    e. physical space
    f. equipment
    g. safety and sanitation

12. What is accreditation? What professional organization has taken the leadership in accreditation of child care programs?

13. Explain the inspection process in child care centers. How does it differ if a complaint has been filed?

24

Chapter Twenty-four Curriculum Management

ESSENTIAL ELEMENTS

- Apply principles for maintaining a safe and healthy environment.(f3C)
- Assist with management procedures in the child care setting.(f4F)
- Apply classroom management and program planning techniques.(f4E)

OBJECTIVES TO ACHIEVE

- Identify factors to consider in child care curriculum planning.
- Distinguish between instructional and discovery program models.
- Explain differences in goals and objectives for a child care curriculum and the use of each.
- List and explain various evaluation techniques
- Review factors which affect scheduling in a child care program.
- Explain guidelines to remember in planning play periods for children.
- Examine factors a director must consider regarding the health and safety program in a child care center.
- Describe the child care director's role in the management of materials and equipment.

Curriculum Management

Child care curriculum includes all activities that promote the physical, emotional, social, and mental/intellectual development of children. The director is the leader for development of curriculum. The curriculum is based on program goals and objectives. Play is a large part of the learning activities.

Daily schedules, the health and safety program, and managing materials and supplies are important to curriculum management. In order to develop and implement a quality curriculum, evaluation of progress is very important.

PROGRAM CHARACTERISTICS

Planning a child care curriculum begins with an awareness of the types of child care programs. These programs (discussed in Chapter One) are listed by funding source in figure 24.1.

SPONSORSHIP OF CHILD CARE PROGRAMS
(by funding source)

Head Start (funded by federal government)
Federally funded programs (block grant funding to states)
Franchise
Employer-sponsored
Church-affiliated
Sole-proprietorship
Partnership
Corporation
University or community college affiliated

Figure 24.1

Sometimes directors may not be involved in the planning of a new child care program. However, knowing the types of programs is important for curriculum planning. This knowledge can help directors improve their programs. Also, directors are able to make referrals to parents who need different child care services.

Several factors affect child care curriculum planning. Decisions must be made in regard to meeting requirements for licensing standards, grouping patterns, and services to be offered.

Licensing Standards

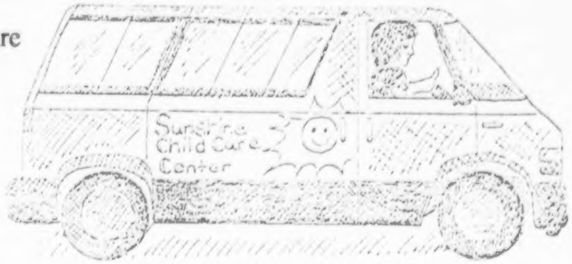
The way in which children are grouped is an important child care program decision. Children may be grouped by age. Past child development research shows the relationship between age and developmental stage. Many administrators feel planning is easier when children in a group are at a similar developmental level. Others feel that multi-age groupings offer more advantages for the development of children. For example, older children better understand when they share knowledge with younger children. Younger children benefit by modeling the behaviors of older children.

Program planners should consider the advantages and disadvantages of each type of grouping based on program goals. Curriculum is affected by the grouping pattern chosen.

Services Offered

Child care programs differ according to services offered. Many programs offer preschool care (for three to five-year-olds). Comprehensive programs may offer infant, toddler, preschool, and after-school care. They may also offer other extra services. Some of the types of services offered in child care programs are as follows:

- infant care
- toddler care
- preschool care
- extended day (after-school) care
- evening or weekend care
- school-age programs
- drop-in care
- bilingual programs
- mainstreaming
- extended health care services
- family counseling
- parent education
- transportation
- special classes and activities (for a fee) such as swimming lessons, dancing lessons, or gymnastics



CURRICULUM DEVELOPMENT

After basic program decisions (licensing standards, grouping patterns, and services offered) have been made, curriculum must be developed. ***Curriculum*** outlines the developmental goals, objectives, and activities for children in a child care program. The purpose of the curriculum is to guide teachers as they plan teaching activities. The curriculum is also used to inform parents and others of the child care center's activities for children.

The curriculum plan should be in written form and should include the following sections:

- statement of philosophy
- goals and objectives
- activities (based on instructional strategies and program models)
- plan for evaluation and revision

The director, teachers, parents, and board members should be involved in developing curriculum. A curriculum planning committee with representatives of these groups may be formed. The director is the leader who selects the committee and guides its progress. Through group meetings, a curriculum can be developed which will best meet the needs of the children involved.

Statement of Philosophy

A director's personal philosophy of child caregiving affects curriculum planning. A director's caregiving philosophy is influenced by his or her experiences and education. A director has the main influence on program philosophy, especially for a new program.

Each person on the curriculum planning committee will have a personal philosophy of child caregiving. At the first committee meeting, the group should try to find a common philosophy which supports the curriculum to be developed. They might discuss such questions as the following:

- What do children need?
- How do children learn?
- What is the center's purpose as a provider of child care?

After discussion, the committee can prepare a clearly written statement of philosophy. The philosophy provides the focus for developing goals and objectives.

Experiences cause individuals to change or adjust philosophies. For these reasons, each person may have a different philosophy which continues to develop. Likewise, the curriculum philosophy statement should be evaluated and improved every year or so.

Goals and Objectives

Curriculum goals are long-range plans. For some programs, goal statements are divided by types of development—physical, emotional, social, and mental/intellectual—for each age group.

Each goal should be worded in terms of child development principles. They should reflect the program's philosophy of caregiving. The goals should describe changes that can be observed. They should also be realistic. Some sample goals for preschool-age children are listed below:

- to begin to understand and accept differences in people based on ethnic or cultural background
- to develop habits and attitudes that promote and maintain personal physical health and well-being
- to develop a mathematical understanding through counting, measuring, grouping, estimating, and comparing, size, weight, and shape
- to increase the skills of problem solving, thinking, reasoning, and creating
- to increase each child's sensory awareness

It is best if program goals are developed by the curriculum committee. Goals should represent a balance between the needs of the children, parents, and community. Not every committee member will agree with every goal. However, agreement should be reached on as many as possible. Final decisions are left to the director.

Specific objectives or short-range plans are developed from goals. Many objectives can result from each goal. Sample objectives are usually prepared by the child care program curriculum committee. Other objectives are developed by individual teachers with guidance from the director. Each teacher should have classroom curriculum filed in the director's office.

Behavioral objectives state exact behavior desired, the conditions under which the behavior is performed, and the degree to which the behavior is performed. Each objective must be clearly stated to provide a basis for evaluation. Two objectives related to the development of the senses might be stated as follows:

- The child will match all pairs of identical smells when presented with a mixed set of smell bottles.
- The child will arrange six texture cards in order from smooth to rough.

Instructional Strategies

Instructional strategies are activities and learning experiences the teacher plans to help children meet goals and objectives. The director guides and supervises teachers in developing these strategies. Teachers use different learning activities to meet the needs of each child. There may be many ways to help children learn one skill. The director supports this process by providing the staff with needed material as well as staff training

The following principles apply to the development of teaching strategies. The list is adapted from Click, *Administration of Schools for Young Children*. p. 61.

- Implementing objectives begins with setting up the environment.
- The child must have many chances to practice the kind of behavior stated in the objective.
- The child should gain a feeling of satisfaction from the behavior resulting from the experience.
- The child must be able to achieve the expected behavior as a result of the experience.
- The child should have a choice of experiences that can result in the desired behavior.
- The child should be given the chance to repeat familiar activities in order to achieve the desired result.

Learning experiences must be put together in an organized way to be effective. Unity, sequence, and balance should be used in planning teaching strategies.

Program Models

A ***program model***, or framework, is a guide or plan for operating a program. Two general types of program models used in child care programs are the instructional model and the discovery model. Both have advantages and disadvantages. The choice of models primarily depends on the philosophy of the program and the needs of the children enrolled in the program. A casual visitor to a child care center will not know what type of program model is being used. Basically, the same materials, supplies, and equipment are used in both models. The difference is in how they are used. Some basic philosophies underlie both models.

Instructional Model - The ***instructional model*** emphasizes the caregiver starting the action with children responding. The teacher decides what materials to use and what experiences to have. Children follow the directions of the caregiver. Adults show, or teach, children how to do various tasks. Figure 24.2 provides advantages and disadvantages of the instructional model.

INSTRUCTIONAL MODEL

ADVANTAGES

Teachers have control over activities.
Teachers can guide children directly toward preplanned goals.
Certain materials and equipment can be chosen for specific experiences.
Children know what to expect and what is expected.
Children know their limits and learn to be dependable.
Children learn to cooperate and follow instructions.

DISADVANTAGES

Teachers have fewer chances to observe children's decision-making abilities.
Teachers have less chances to observe children initiate activities. A child's strongest talents may be overlooked.
Children have less opportunity to learn by spontaneous involvement.
Children have less opportunity to develop independence and practice making decisions.

Figure 24.2

A type of instructional model has been used in the Head Start program. Research has shown that direct teacher/caregiver instruction works well in preparing disadvantaged children for school. Some parents value a structured developmental/educational program for their children. These parents often seek a child care program which uses an instructional approach. In table 24.1, an example curriculum using the instructional model approach is provided. Notice that children do not choose their activities. The teacher makes these choices.

Morning Curriculum—Instructional Model

Time	Activity	Area	Materials
8:00 a.m.	**Greetings and play dough with cookie-cutters**	Front Table	play dough
8:30 a.m.	**Learning Centers (LC)** Note: Children will be rotated to different areas at 15-minute intervals.		
	Math - weighing	Math LC	balance scales, small objects
	Science - weather flash cards	Science LC	pictures of clothing and seasons to match
	Computer - "Early Letter Fun"	Computer LC	computer and "Early Letter Fun" program
	Language Arts - safety bags	Language Arts LC	paper bags, safety objects, dangerous objects (matches, pins, etc.)
	Note: All children must complete the activity in each center.		
9:30 a.m.	**Music Group Time** *Row , Row , Row Your Boat*; *Alphabet Song*	Music Corner	piano, music
10:00 a.m.	**Outside Play** *Simon Says, Red Rover, Parachute*, exercises	Playground	parachute
10:45 a.m.	**Art** valentine's cards	Art Tables	paper; red, pink, white crayons; heart stencils

Table 24.1

Discovery Model - The ***discovery model*** focuses on the children initiating activities with caregivers responding. In the discovery model, children explore until they discover how to do a task. They receive minimal help from caregivers. Each child chooses activities from the opportunities available. Teachers supply materials and help when necessary or when children ask for help. Basically, the discovery model follows Piaget's theory that children learn from exploring their surroundings.

As with the insructional model, the discovery model has advantages and disadvantages which are outlined in figure 24.3.

DISCOVERY MODEL

ADVANTAGES

Children learn through exploring their surroundings.
Children learn to direct themselves and their actions. They have greater control over decisions and activities.
Children develop independence and a sense of self in a natural way.
Teachers and caregivers can see each child's strengths and areas of need from a wide range of possibilities.

DISADVANTAGES

Children may miss valuable experiences because of interest in a few self-selected activities.
The total environment must be carefully planned and maintained to assure appropriate choices of activities by each child.
Teaching strategies must be flexible. Caregivers need skill in directing or redirecting activities toward goals, without controlling activities.
Some children may be confused by freedom of choice. Caregivers must watch for children who wander aimlessly and are not involved.

Figure 24.3

Table 24.2 provides an example of a discovery model curriculum. Notice the options available. There are several activities from which children may choose.

Morning Curriculum—Discovery Model

Time	Activity	Area	Materials
8:00 a.m.	**Greetings and Learning Centers (LC)**	Front of Room	
	Science - weather flash cards, nature pictures, leaves & seeds	Science LC	seasonal clothes for flash cards, nature pictures, leaves & seeds
	Math - counting blocks, puzzles, weighing objects, sequencing cards	Math LC	puzzles,counting blocks, objects to weigh, cards with pictures from small to large
	Art - various art projects	Art LC	paper, paint, crayons, chalk, markers, glue, scissors, yarn, beads
	Computer - "Early Letter Fun" and "Facemaker"	Computer LC	computer, "Facemaker" and "Early Letter Fun" programs
	Dramatic Play - dress-up or grocery store	Dramatic Play LC	clothes, empty food cans & boxes
9:15 a.m.	**Outside Free Play**	Playground	
10:15 a.m.	**Story & Song Time** group or individual choices - books & songs	Book Area	several books & music
10:45 a.m.	**Learning Centers**	Greenhouse	
	Woodworking	Woodworking LC	table, hammer, nails, wood scraps
	Water Table	Water Table LC	measuring cups, spoons
	Sand Table	Sand Table LC	measuring cups, spoons
	Greenhouse	Plant Table LC	seeds, potting soil, pots

Table 24.2

Balancing Instructional and Discovery Models - The descriptions of the instructional and discovery models show the "extremes" of both models. In actual practice, some variation of these models is usually used. Many programs try to reach a balance between instructional and discovery methods. A balance may mean that activities are initiated equally by caregivers and children.

EVALUATION TECHNIQUES

Evaluation is an ongoing task. It is best for evaluation plans to be made in the beginning stages of a program. Overall program evaluations are the job of the director and the board of directors. However, through daily contact with the children, teachers and caregivers play very important roles. Caregivers can provide feedback about how effective the program is. This is done by recording observations of individual children and of groups of children. A ***developmental check list*** has columns for checking whether a child displays a certain behavior or not. The lists of skills or behaviors may focus on one or more types of development, such as language or motor development. Developmental check lists are usually sequenced and give approximate ages that certain behavior can be expected. Observation of children and record keeping are important caregiver skills.

Many evaluation techniques are available. Observations done periodically are helpful in obtaining information. From this information, curriculum can be improved to meet the needs of the children, parents, and teachers.

Observation of Children

Several techniques are used by teachers for recording their observations of young children. These include anecdotal records, running records, time samplings, event samplings, and developmental check lists. It is best to use several techniques to record children's behaviors. When different methods are used, there is more assurance that children's development is carefully and accurately observed.

Anecdotal Record - The ***anecdotal record*** is a recording of a single event or episode in the child's day. For example, a teacher might write down what a child said and did during snack time. The teacher might record a sharing interaction about a child who is learning to share.

Running Record - A ***running record*** is a continuous recording of a child's behavior during a longer time period. For example, a teacher might observe a child's activities during the hour that the children are involved in self-selected learning centers. The teacher keeps a chronological record of everything that the child does during that hour.

Time Sampling - ***Time sampling*** involves observing a child's behavior at certain points in time. For example, a teacher might want to identify a child's range of social interactions. The teacher would use a chart with categories of social interactions listed. Every five minutes, the teacher would make a check regarding the type of social interaction observed. The child is observed for one minute at five-minute intervals. A check is placed on the chart by the category which describes the type of behavior observed.

Event Sampling - ***Event sampling*** involves recording how often a behavior occurs during a prescribed time period. The time period may be five minutes, an hour, or a day, depending on the observer's purpose. For example, before designing a behavior modification program, a teacher observes how often the desired behavior occurs (called a base line or frequency count). The teacher makes a tally mark on the record sheet every time that behavior occurs during a certain time period.

SCHEDULING

The ***daily schedule*** gives the teacher, caregiver, and children security. The daily schedule for the overall program is made by the director. From this program schedule, teachers make their own schedules for specific classroom activities.

Children need to know what will happen and what to expect at the child care center. Most of them do not tell time by a clock or know the day by looking at a calendar. Schedules help young children establish a "time" for daily activities and follow them in a given order.

Factors Affecting Daily Scheduling

A number of factors affect the scheduling of activities in the child care center. These are summarized below:

Age, Developmental Level, and Background Experiences - Children's abilities must be considered in scheduling. Several activities may be scheduled during one time period for older, more advanced children. Schedules for multi-age groups should include activities for all ages and abilities and activities for each level within the group.

Length of the School Day - The length of the school day affects the scheduling of activities. Child care facilities operate in many different ways. Some are open only half of a day, while others are open a full day. Half-day and full-day centers will probably have different scheduling policies. For example, the center which is open a full day has to allow for lunch and rest time. The center which is open half of a day probably does not allow for lunch and rest time.

Scheduling may change depending upon the length of the day. However, many of the same routines are followed in both the morning and the afternoon. Either type of scheduling should include time for toileting, washing, and alternating quiet play with active play.

Types and Needs of Children - In scheduling activities, the types of children enrolled at the center must be considered. Some centers may be organized for children with special needs, such as physically handicapped or disadvantaged children. Others may serve other types of children. Special planning is needed to meet the physical, emotional, social, and mental/intellectual needs of all children.

Weather and Season - Weather and seasonal changes should be considered in planning activities. Extra activities should be scheduled when bad weather is expected. Children need to know they can expect special inside activities if the weather is bad. When the weather is very pleasant, a long period of outdoor activity time may be scheduled. If children are allowed to play in rain or snow, parents should know ahead of time so they can dress children for the weather.

Transportation - Regardless of how children are transported, they probably will not all arrive or leave at the same time. Activities that children can begin and end quickly should be scheduled for arrival and departure times.

Arrangement and Use of Space - To avoid crowding and conflict, schedule activities carefully. Separate activities which require use of the same space. For example, a craft activity might require use of tables. If it is scheduled just before lunch, either crafts must be put away early or lunch will be delayed while tables are cleared. The craft activity could be scheduled earlier in the morning. If the craft activity is followed by a story time or another activity, the children will move away from the table area. The staff will then have time to set up lunch without requiring children to wait.

Number of Children - Staying on schedule is most important when a large number of children share space and equipment. Communication and cooperation between staff members also becomes crucial. The director must be a good manager. Staff members working at the end of the day may prepare space and equipment for use the next morning. Using teamwork makes staying on schedule easier.

Play Opportunities - Play periods should be scheduled because of their value in children's development. Some suggestions for doing this include the following:

- Analyze the purpose and timing of play. Sometimes caregivers destroy the value of play. This may be done by failing to provide age-appropriate toys and the chance for children to express themselves. A toy may be "creative" but may be used at the wrong time. Materials can discourage a child if the child is not ready to use them. For example, a complicated wooden puzzle might cause frustration rather than enjoyment for a very young child.

- Avoid making children self-conscious about play. When children become self-conscious about play, it is no longer valuable. Adults sometimes make mistakes by getting too involved in children's play. Wise caregivers allow children to use play materials or toys constructively.
- Avoid providing too many toys. Children are uneasy and unhappy with too many toys. Some playrooms look like a toy store after a tornado. Such an environment leaves the child without a sense of order and organization. Too many choices can be overwhelming to a child.
- Provide the same toys for girls and boys. One way of destroying creative play is to believe that only certain activities are for boys while others are only for girls. For example, suggesting that girls play waitress while boys play truck driver limits creativity. Allow and encourage children to try a variety of activities.
- Avoid encouraging serious competition. When winning becomes more important than playing, children can be harmed. When a child is rejected because he or she cannot perform well enough, the child loses interest in taking part in group play. This situation can harm a child's self-image. In turn, the child who "wins" all the time may develop a false idea that he or she is superior.

Schedule Changes

Flexibility is important in arranging a schedule. Children need time to finish projects and activities. Teachers, caregivers, and the director are wise to take advantage of "teachable moments." For example, take time to enjoy a rainbow, see the fire truck go by, or look out the window at the old-fashioned car parked on the street.

The director may plan seasonal changes in the schedule. For example, during the winter months, the outdoor play time may be shortened. Large motor activities may be scheduled indoors.

A director should get feedback from teachers and other employees regarding changes. Parents may provide feedback as well. For example, parents of preschoolers may want children to have more time to work with computers. Some parents may request more outdoor activity time for their toddlers. Based on feedback from everyone, the director makes decisions about schedule changes. After a decision is made, the director discusses the changes with staff members and parents.

HEALTH AND SAFETY

Good health and safety programs are important in a child care program. These programs directly affect the health and welfare of children. Management decisions for the child care program must comply with established health and safety practices.

To create a safe child care program, the director must consider various factors. Space arrangement, equipment, toys, supplies, and hazardous materials all affect the child care environment. Safety rules and staff/child ratios also affect health and safety awareness of children. These factors also influence the effectiveness of the curriculum. Training children and staff members to follow established emergency procedures is an important part of any child care curriculum.

Administrators must make decisions about emergency and non-emergency medical care. The director should always be notified in a health or safety emergency. Evaluation of the health and hygiene practices of caregivers and other staff members is important. Keeping health records for children and employees is an important part of managing a health and safety program.

MATERIALS AND EQUIPMENT

Learning materials and supplies are important to a child care curriculum. Children need a variety of items to help them develop physically, emotionally, socially, and intellectually. Suggested materials and equipment for child care programs are included in Chapter Five.

The director oversees the purchase, storage, distribution, maintenance, and replacement of materials and equipment. In a large center, this can be a big task. Few programs can afford all of the materials and equipment they would like to have. A priority list of needs should be kept for each classroom. Many items can be made by caregivers and/or volunteers. All items made or purchased should be age-appropriate and safe to use.

Some materials such as paper and paints must be restocked when used. Caregivers can be given guidelines on how to use these items efficiently. They should also notify the teacher or director when the stock is low. Creative directors and caregivers will find inexpensive or free sources for many materials and supplies.

One can easily see that a child care program director has many important duties. Understanding the role of the director in curriculum management can help individual caregivers see the whole picture in the operation of a child care program.

Points To Remember

- Knowledge of the various types of child care programs is important to the director in child care curriculum planning.
- The child care curriculum is a plan for all center activities that promote the physical, emotional, social, and mental/intellectual development of children.

- Licensing standards, grouping patterns, and services offered affect curriculum planning.

- The curriculum plan should be in written from and should include a statement of philosophy, curriculum goals and objectives, teaching strategies, and a plan for evaluation and revision.

- The curriculum should reflect the center's philosophy of child caregiving.

- Curriculum goals are long-range outcomes that are desired for the children. Objectives are short-range plans or specific activities that lead to accomplishment of a goal.

- Behavioral objectives specify the exact behavior desired, the conditions under which it is performed, and the degree to which it is performed. Each objective should provide a basis for evaluation.

- The director guides and supervises teachers in developing teaching strategies. For any one objective, there may be many ways to achieve mastery.

- The director is responsible for the daily schedule or order of events for the curriculum. Factors affecting daily scheduling include children's ages, developmental levels, and background experiences; length of the school day; types and needs of children in the group; weather; transportation; arrangement and use of space; number of children enrolled; and the purpose of the center.

- The instructional program model emphasizes teacher-initiated action with children responding to teacher instruction.

- The discovery model places emphasis on the children initiating activities with caregivers responding.

- Many child care programs strive to reach a balance between instructional and discovery approaches to programming.

- Teachers and caregivers should analyze the purpose and timing of play, avoid making children self-conscious about play, avoid providing too many toys, provide the same toys for boys and girls, and avoid stimulating serious competition.

- Five methods for recording observations of young children are as follows: anecdotal record (single events or behaviors); running record (continuous behavior during a longer period); time sampling (assessing behavior at certain points of time); event sampling (recording how often a behavior occurs in a set time period); and developmental check lists (checking columns of certain behaviors as they occur).

- Flexibility is important in scheduling. Children need time to finish projects and activities. Teachers and caregivers need opportunities to take advantage of "teachable moments." The director may plan seasonal changes in the schedule.

- The child care program director has responsibility for planning and monitoring safety policies for the learning environment, interactions, and emergency procedures.
- The director makes emergency and non-emergency health decisions regarding the children and decide when to notify parents. The director also monitors the health and hygiene practices of caregivers and other employees.
- The director oversees the purchase, storage, distribution, and replacement of materials and equipment. All items made or purchased must be age-appropriate and safe to use.

Words To Know

anecdotal record
behavioral objectives
curriculum
curriculum goals
daily schedule
developmental check list
discovery model
event sampling
instructional model
instructional strategies
program model
running record
time sampling

Questions For Review

1. What is the director's role in child care curriculum planning and implementation?
2. How can knowledge about different types of child care programs help a child care program director?
3. List four factors that affect child care curriculum planning.
4. What are the four parts of a written curriculum plan?
5. What questions need to be considered in developing a statement of child caregiving?
6. What is the difference in a curriculum goal and a curriculum objective?
7. What are parts of a behavioral objective?
8. Who is responsible for making the daily schedule for a child care program?
9. What factors affect scheduling decisions for a child care program? Explain how each factor may affect scheduling.
10. Why is flexibility in child care scheduling important?

11. What is the director's role in the center's health and safety program?

12. What are the director's responsibilities for materials and equipment in a child care center?

13. Explain the differences between the instructional and discovery program models. List three advantages and three disadvantages of each type of model.

14. List the duties and responsibilities of teachers and the director of a child care center concerning curriculum goals and objectives.

15. List five suggestions for preserving the value of play and briefly describe how each suggestion may be accomplished.

16. List the five methods of recording observations. Describe each method briefly.

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Chapter Twenty-five
Food Service Management

ESSENTIAL ELEMENTS

- Assist with management procedures in the child care setting.(f4F)
- Evaluate nutritional value of snacks and/or meals.(f2E)
- Apply principles for maintaining a safe and healthy environment.(f3C)

OBJECTIVES TO ACHIEVE

- Describe the director's overall role in child care food service.
- List the essential nutrients and food sources for each.
- Review the basic functions of each nutrient in the body.
- Review the five food groups in the Daily Food Guide and how RDAs are used in child care food service.
- Discuss the relationship of nutrition to children's growth and development.
- Explain menu planning procedures appropriate for child care.
- Determine guidelines for child care food purchasing and storage.
- Identify equipment needed for food service in a child care program.
- Describe appropriate food service sanitation procedures.
- Explain appropriate child care mealtime practices.

Food Service Management

One important job of a child care director is seeing that nutritious meals and snacks are served. Local rules and state licensing standards guide the director in this important job. If a center receives funds from an outside source, the guidelines of the funding agency must also be followed. Food service rules and guidelines are used to protect children and should be strictly followed.

Rules are included on the kinds and amounts of foods to be served. For example, Texas minimum standards state that children cared for six or more hours per day must have food available that meets at least one-half of their daily nutritional needs. The guidelines also determine how foods are handled, served, and stored.

A great deal of planning goes into child care food service. The director of a new program should contact the state licensing agency for information. Once a program is underway, the director must continue to watch the program to be sure standards and regulations are met. Other factors also affect food service. The child care center's budget is a major factor. The wishes and cultural preferences of the children's families must also be considered. However, meeting the children's nutritional needs is the most important factor in planning.

NUTRITION

Nutrition includes the food eaten and the way the body uses the food. Directors need to understand basic nutrition in order to plan nutritious meals and snacks. Other caregivers should understand basic nutrition in order to promote good nutrition to the children in their care.

Nutrients are the substances found in foods that are needed by the body to live. Nutrients help the body function. The five known groups of nutrients include proteins, carbohydrates, fats, vitamins, and minerals. Water is also essential in the diet. Most foods contain several nutrients. For example, some meats contain the mineral iron as well as protein and fat. Foods vary in the amount and type of nutrients they contain. For this reason, children (and adults) must eat a variety of foods to be sure they get enough nutrients. Food service staff should use food preparation and serving methods that preserve the nutritional value of foods.

Protein - ***Protein*** plays an important part in several body processes. Two functions of protein are the repair of damaged tissue and the growth of new tissue. During times of fast growth, the body needs more protein. These periods include infancy, adolescence, and pregnancy. Good sources of protein include milk, cheese, eggs, meats, nuts, beans, and peas.

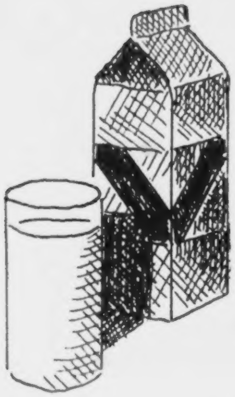
Carbohydrates - ***Carbohydrates*** are used to meet the body's energy needs. The body needs energy for voluntary functions (functions which a person can control). Talking, walking, and running are voluntary functions. The body also needs energy for involuntary functions (functions a person does not control). Digestion and breathing are involuntary functions. Foods containing sugars and starches are good sources of carbohydrates. Sugars are found in fruits, honey, and foods which contain sugar. Starches are found in breads, noodles, cereals, and some vegetables, such as potatoes and corn.

Fats - ***Fats*** provide the body with another source of energy. In the body, fats store unused energy and help in the use of certain vitamins. Fats are found in both animal and plant cooking oils, butter, and nuts.

Foods rich in the two energy nutrients, carbohydrates and fats, generally contain many calories. ***Calories*** are the measurement of the amount of energy available in foods. All foods have some calories. Some foods have more than others. When more calories than the body needs are eaten, extra energy is stored in special fat cells in the body until needed.

Vitamins - ***Vitamins*** are nutrients needed by the body in small, specific amounts. A person may develop a ***vitamin deficiency*** and become ill if the body does not get enough of a certain vitamin. A well-balanced diet supplies vitamins in the proper amounts. Each type of vitamin helps the body in one or more specific activities. Some of the vitamins and their functions are described in the following paragraphs.

Vitamin A promotes healthy skin and vision as well as normal growth. A lack of vitamin A can cause night blindness. In young children, lack of vitamin A can cause a serious delay in bone growth. Good sources of vitamin A include yellow and leafy green vegetables, such as carrots, sweet potatoes, and broccoli. Vitamin A is also found in milk, liver, egg yolks, and oranges.



Vitamin D helps the body use minerals needed for bone and tooth development. When bones are forming and hardening, a lack of vitamin D may result in bowed legs. Vitamin D is formed in the skin when sunlight is absorbed through the skin. However, it is difficult to get enough vitamin D from exposure to the sun. For this reason, most milk has vitamin D added to it. This milk is called "fortified milk." If a person drinks the recommended amount of fortified milk, the requirement for vitamin D will be met.

The ***B vitamins*** include several related vitamins. They are important in the breakdown of carbohydrates, fats, and proteins during digestion. Individual B vitamins may serve other specific functions in the body. For example, vitamin B_{12} is needed for growth and blood formation. A lack of vitamin B_{12} can cause anemia or digestive disorders. Sources of the B vitamins include liver or other organ meats and enriched or whole grain breads and cereals.

Vitamin C, or ***ascorbic acid***, helps the body use some minerals. It also plays an important part in the healing process as new tissue is formed. Signs of vitamin C deficiency include bleeding or swollen gums, slow healing of injuries, and a poor appetite. Vitamin C cannot be stored in the body. For this reason, it is necessary to include a source of vitamin C in the diet every day. Good sources of vitamin C are oranges and other citrus fruits as well as cabbage, cauliflower, and tomatoes.

Minerals - ***Minerals*** help to regulate body processes. In addition, specific minerals can play a variety of roles in body functions. For example, calcium and phosphorus are especially important for bone growth and hardening, as well as for the formation of teeth. Good food sources for calcium and phosphorus include milk, cheese, and foods made from milk or cheese. Another mineral, iron, is necessary for healthy blood. A lack of iron can cause ***anemia***. An anemic person may be pale, have a poor appetite, and be tired much of the time. To get enough iron, include meats (especially liver), spinach, and dried fruits in the diet.

Water - The last essential item to any diet, ***water***, makes up about 60 percent of the body. Blood and all body cells contain water. Foods and liquids supply water in your diet, but drinking additional water is important to good health.

Food Groups

Careful planning is needed to make sure enough nutrients are included in the diet. The United States Department of Agriculture (USDA) has developed a ***Daily Food Guide*** to help in planning menus. The guide categorizes foods into five food groups which are based on the nutrients found in foods. The food groups are as follows:

- milk and cheese
- vegetables and fruits
- meat, poultry, fish, and beans
- breads and cereals
- fats and sweets (not considered necessary for health)

Recommended Daily Allowances (RDAs)

The ***Recommended Daily Allowances (RDAs)*** provide serving sizes and recommended numbers of servings per day for each of the five food groups for different ages. Using this guide to plan meals helps assure an adequate amount of nutrients for each age group.

Nutrition Related to Growth and Development

Nutrition plays an important role in the growth and development of children. When nutrition is adequate, children grow and reach their normal heights and weights. At the same time that children grow physically, they also develop skills in the social, emotional, and mental/intellectual areas. Good nutrition helps children reach their best levels of development in all areas. Throughout childhood, nutritional needs will depend on the rates of growth and development.

During the first year of life, a child's growth rate is faster than at any other time. A child's birth weight usually triples within the first year. Nutritional needs are great. These needs are first met by milk, either breast milk or commercial formula. Later, an infant needs a wider variety of nutrients. By the age of three months, the infant's natural supply of iron begins to run out. The infant then needs iron in the diet. This can be supplied through iron supplements or iron-fortified cereals. By the age of six months, the infant's nutritional needs require solid foods. Directors and teachers should work with parents in meeting the nutritional needs of infants.

During the second and third years of life, growth rates vary. At times, the rate is slower and the child may have a smaller appetite. However, the need for a wide variety of foods to supply all needed nutrients is essential. Using the USDA Daily Food Guide to plan for a variety of foods will help caregivers meet the nutritional needs of most children.

When children fail to receive the proper variety and amounts of foods, they can develop dietary problems. Common dietary problems among children include tooth decay and ***obesity*** (being overweight). Either of these problems can result when the diet contains too many empty calories. ***Empty calories*** is a term which describes food that contains few nutrients. For example, candy, soft drinks, sugar-coated cereals, and salted chips are high in calories but low in nutritional value. A person increases the risk of cavities when too many foods containing sugar are eaten.

When the body takes in more food than is needed, obesity can result. Sometimes obesity begins in infancy when parents believe that fat babies are healthier babies. Actually, being overweight in infancy may lead to a long struggle against obesity and increased risk of disease.

MENU PLANNING

The written plans for meals and snacks are called ***menus***. Often, the menus of the child care center are prepared by the center director or a nutritionist. However, better menus can be planned if several people are involved. Whatever the planning process, menus must be based on the Daily Food Guide and the RDAs.

A menu planning committee can include the center director, a nutritionist, the cook, a caregiver, and a parent. Each of these people contributes important information to menu planning. The group can meet about four times a year or once a season. A set of menus called ***cycle menus*** can be prepared at each meeting. Each set of menus focuses on a season of the year and is made up of three or four weekly menus. During the season, the cycle menu is repeated. Such planning allows for meals and snacks to be economical, nutritious, and easily prepared.

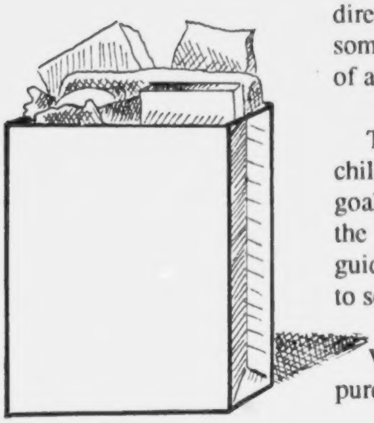
A child care center's menus should reflect the cultures of the children in the program. For this reason, it is a good idea to involve parents in menu planning. Serving a familiar cultural dish makes children feel comfortable. It helps their self-concepts and encourages positive feelings about individual differences.

Involving parents in menu planning makes the director aware of ethnic, regional, and economic patterns affecting children's eating habits.

State licensing standards usually require that menus be posted in advance for parent's viewing. Full-day programs usually provide the noon meal and a morning and afternoon snack. Snack time must be scheduled. Children should not be allowed to nibble throughout the day. Any menu substitution must be of comparable food value and should be recorded on the menu. Menus must be kept on file at the center for a specific length of time, generally about one month. Most centers require the written approval of a physician or a registered or licensed dietitian for special or therapeutic diets.

PURCHASING AND STORING FOODS

Food service costs are a major part of the budget in a child care program. Few programs can afford to waste money through poor purchasing practices. A director not familiar with quantity food purchasing will need assistance from someone who has experience. A well-trained and experienced cook can also be of assistance.



The type, quantity, and quality of food to buy depends on the number of children to be served, the menu, available storage, and the budget. The overall goal is to purchase quality products for a reasonable price. A useful resource is the USDA publication, *Food Buying Guide for Type A School Lunches*. The guide provides charts which help the food buyer decide how much food to buy to serve a certain number of children.

Wise business practices should be followed in purchasing. Some food purchasing guidelines are listed below.

- **Identify items to be purchased.** Always start with the menu when planning food purchases. Consider how and when the items will be used. Know how much storage space is available.
- **Use the amount on hand as a basis for deciding how much to order.** Inventory records should show how much of each item is on hand. Sometimes the storage area is arranged in such a way that checking inventory is quick. If canned goods are arranged in groups of fives, it is easy to count the number of cans on the shelf.
- **Let past and expected use guide you.** Accurate purchasing records can show how quickly items are used. Make projections based on these records to know how much to order.
- **Buy for a set period of time.** This helps prevent overbuying or underbuying.
- **Keep inventory as low as possible.** A large food supply may result in loss of quality, pilferage, waste, excessive labor for handling, errors in inventory and record keeping, and tying up funds needlessly.
- **Order to specification.** Compare both quantity and quality of items needed.
- **Buy the quality needed at the lowest cost.** Compare prices from several sources. Compare end cost of items in several forms (raw, semi-prepared,

convenience) and grades. Higher purchase costs may actually result in lower end costs for some items

- **Beware of bargains.** Consider end cost as well as purchase price when comparing items. Sometimes that "special deal" results in poor quality food items.
- **Deal with reliable and reputable suppliers or purveyors.** Get to know the suppliers in your area. Develop mutually satisfactory relationships with the suppliers you decide to use. Representatives of the supply companies can often be of help in food purchasing.
- **Purchase locally from a few suppliers.** Purchasing from local suppliers makes communication easier. It is also easier to obtain food or supplies in case of emergency. Do not try to deal with too many suppliers.

Care must also be applied to receiving and storing food. When food orders arrive, someone should immediately and carefully check the delivery. The delivery should match the actual order. The condition and quality of the items should be checked as well. Items of poor or questionable quality should be returned.

After a delivery is accepted and necessary records made, items are properly stored. Foods are stored in one of three ways: dry storage, refrigerated storage, or freezer storage. Dry storage includes items such as canned goods, cereals, pasta, bread, cookies, and crackers. Refrigeration is needed for fresh produce, dairy products, and meats. Freezer storage is needed for frozen foods, such as fruit juice concentrates. Requirements for temperature control in each area must be met. A thermometer placed in each of the three areas helps to assure safe storage.

EQUIPMENT

Equipment needed for food service in a child care program depends mainly on the number of children to be served. Programs serving less than 30 children can use the type of equipment used in homes. Programs serving more than 30 children should use commercial equipment.

An important concern of program planners when designing and equipping a kitchen is meeting all state and local safety regulations. Contact with local authorities early in the planning stages is important.

To prepare meals and snacks in a child care center, the following basic equipment is needed:

- range with oven
- ventilating system over cooking equipment
- refrigerator and freezer
- hand sink
- three-compartment dishwashing sink
- work tables or counters
- shelving for dry storage

In addition, small pieces of equipment such as cutlery, measuring equipment, utensils, pots, pans, and mixing bowls are needed. To determine small equipment needs, examine menus and recipes that will be used. For each dish of food, list all equipment that will be needed to prepare it.

When purchasing large equipment, it is a good idea to make a list of "specifications" or features that are desired in each piece of equipment. A list of specifications should be submitted to several suppliers to obtain bids. The suppliers respond with a description of their product that meets your specifications and a price. In this way, the best equipment at the best price can be purchased.

SANITATION

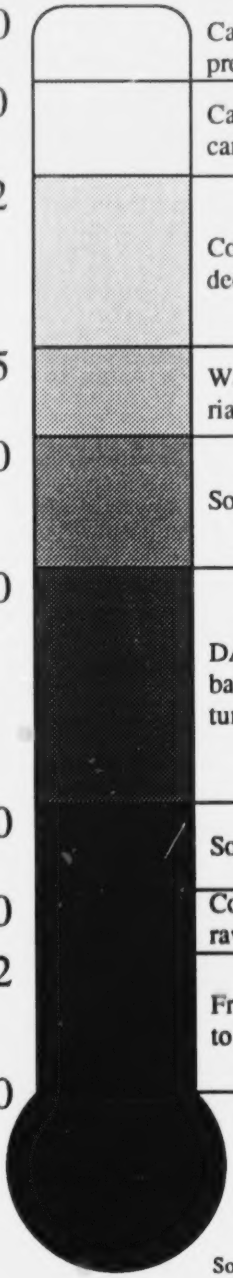
Sanitary food handling and storage practices are necessary in a kitchen where food is prepared for young children. Such practices are designed to prevent the spread of food-borne illnesses.

Bacteria which causes illnesses, such as salmonella and staphylococcus, grows best in warm temperatures between 45°F-140°F. To prevent the growth of harmful bacteria, food should be kept at temperatures above 140°F or below 45°F until served. Figure 25.1 shows this danger zone in relation to other food temperature zones.

Staff members working in child care food service must meet the health requirements specified by local and state health agencies. They must also follow sanitary food preparation, serving, and storage practices. The food service employee should abide by the following guidelines:

- Make sure oneself is well-groomed.
- Wear a clean apron each day.
- Keep hair covered.
- Wash hands before handling foods. Use soap and water and a brisk scrubbing motion when washing and a fresh paper towel for drying.
- Use sterile plastic or rubber gloves when a cut is on the hand.
- Cough or sneeze away from foods, covering mouth and nose; wash hands afterwards.
- Wash hands after using the toilet.
- Avoid touching the face, mouth, nose, or hair while preparing foods.
- Avoid licking fingers while preparing food.
- Use a separate spoon for tasting and wash that spoon before using it again.
- Avoid preparing food when ill.
- Use clean utensils to prepare and serve foods.
- Pick up glasses at the base without touching the rim.
- Pick up silverware and utensils by the handles.
- Keep work surfaces clean.
- Do not smoke while preparing foods.
- Store all foods properly and promptly.
- Thoroughly clean and sanitize all cooking equipment, cooking and storage areas, eating utensils and dishes, and floors.

Temperature of Food for Control of Bacteria



°C	°F	
121	250	Canning temperatures for low-acid vegetables, meat, and poultry in pressure canner.
116	240	Canning temperatures for fruits, tomatoes, and pickles in water-bath canner.
100	212	Cooking temperatures destroy most bacteria. Time required to kill bacteria decreases as temperature is increased.
74	165	Warming temperatures prevent growth but allow survival of some bacteria.
60	140	Some bacterial growth may occur. Many bacteria survive.
52	120	DANGER ZONE. Temperatures in this zone allow rapid growth of bacteria and production of toxins by some bacteria. (Foods in this temperature zone should not be held for more than 2 or 3 hours.)
16	60	Some growth of food poisoning bacteria may occur.
4	40	Cold temperatures permit slow growth of bacteria that cause spoilage. (Use raw meats within 5 days, ground meat, poultry, and fish within 2 days.)
0	32	Freezing temperatures stop growth of bacteria but may allow some bacteria to survive.
-18	0	

Source: American Home Economics Association, *Handbook of Food Preparation*, 1975.

Figure 25.1

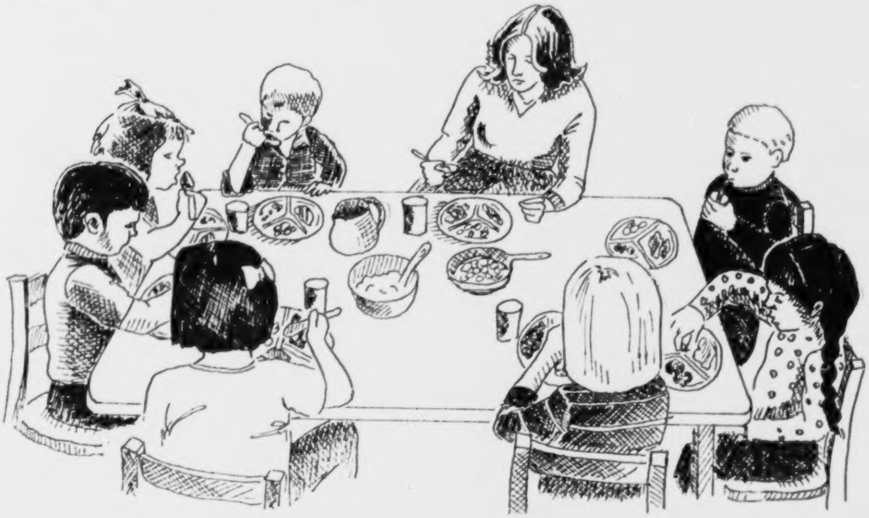
These guidelines are only a few of the practices that persons working with food should follow. The director is responsible for setting food preparation guidelines to make sure that all food is prepared under sanitary conditions. The director should also observe staff working with food to be sure that the guidelines are followed strictly.

MEALTIME PRACTICES

The way in which food is served is another decision that is made during the planning stages of a child care program. Children may eat in their classrooms or in a special dining area. In all cases, furnishings and utensils should allow children comfort and as much independence as possible. Chairs and tables for preschoolers should allow children to reach the table comfortably with their feet touching the floor. Eating utensils should be child-size. Infants and toddlers require special feeding arrangements. Table 25.1 lists mealtime practices in a child care setting.

Meals may be served with plate service, cafeteria service, or family service. In ***plate service,*** caregivers fill the plates and place them on the tables. In ***cafeteria service***, children fill their trays from a cafeteria line and carry them to their tables. Children gain independence when family-style meals are served. This style of service is best for children age two and above. In ***family service***, small bowls and platters are filled with food and placed on the table. The dishes are passed around the table and children serve themselves. The style of service chosen depends on the space available, the goals and objectives of the child care program, the number of caregivers, and the preference of the director.

The emotional atmosphere during meals is also important. Caregivers should create a relaxed and pleasant atmosphere for casual conversation. Instances when a child refuses to eat or food is spilled should be treated calmly. Children should be encouraged but not forced to eat. Mealtimes should be enjoyable experiences in which children learn by following positive examples of caregivers. The director should set clear guidelines for caregivers and provide appropriate equipment for eating.



MEALTIME PRACTICES IN A CHILD CARE SETTING

Infant
Requires flexible feeding schedule; eats more frequently
Fed with caregiver's assistance
Fed individually
Sits in infant seat, high chair
Drinks liquids from a bottle while held by the caregiver
Learns to swallow and chew; strong sucking response
Uses fingers in feeding self
Foods are puréed
Eats small portions
Eats some finger foods
New foods introduced one at a time
Prefers mildly flavored foods; foods are kept separate

Toddler
Needs scheduled meals and snacks
Enjoys self-feeding with occasional assistance
Eats with the group, family style with some dishes
Sits at a low table with child-sized chairs
Starts to use a cup
Can chew and swallow; may not chew well
Learns to use a spoon
Foods are served in small bits
Appetite may fluctuate
Enjoys finger foods
Eats a variety of foods except foods which can cause choking
Increases preferences for different flavors, enjoys some food combinations

Preschooler
Needs scheduled meals and snacks
Enjoys self-feeding
Eats with the group family style
Sits at a low table with child-sized chairs
Uses a cup or glass well
Chews food well
Uses spoon or fork well
Foods are bite-sized
Appetite may fluctuate; goes on eating sprees
Enjoys finger foods
Eats a wide variety of foods
Can eat most foods enjoyed by adults

Table 25.1

Points To Remember

- The child care program director is responsible for seeing that nutritious meals and snacks are served according to local regulations, licensing standards, and funding sources.
- Nutrition includes the food eaten and the way the body uses the food.
- Nutrients are the substances found in foods that are needed by the body to live. The five known groups of nutrients are proteins, carbohydrates, fats, vitamins, and minerals. Water is also essential in the diet.
- Protein is important for repair of damaged tissue and growth of new tissue. The body needs more protein during times of rapid growth. Good sources of protein include milk, cheese, eggs, meats, nuts, beans, and peas.
- Carbohydrates are used to meet the body's energy needs. Foods containing sugars and starches are good sources of carbohydrates. Sugars are found in breads, noodles, cereals, and some vegetables, such as potatoes and corn.
- Fats provide another source of energy. Fats store unused energy and help the body use certain vitamins. Fats are found in cooking oils, butter, and nuts.
- Vitamin A promotes healthy skin and vision and aids in normal growth. Good sources of Vitamin A include green and yellow vegetables, milk, liver, oranges, and egg yolks.
- Vitamin D helps the body use minerals needed for bone and tooth development. Sunlight provides some Vitamin D. Recommended servings of milk fortified with Vitamin D will provide the RDA for Vitamin D.
- The B vitamins include several related vitamins. They are important in the breakdown of carbohydrates, fats, and protein during digestion. Sources of the B vitamins include liver or other organ meats and enriched or whole grain breads and cereals.
- Vitamin C helps the body use some minerals, heal tissues, and build new tissue. Because the body does not store Vitamin C, foods containing Vitamin C must be eaten every day. Good sources are oranges and other citrus fruits, cabbage, cauliflower, and tomatoes.
- Minerals help regulate body processes. Calcium and phosphorus are important for hard bones and teeth. Iron is important for healthy blood. Milk and cheese are good sources of calcium and phosphorus. Meats (especially liver), spinach, and dried fruits are good sources of iron.
- The USDA Daily Food Guide divides foods into five essential groups, based on the nutrients. The food groups are milk and cheese; vegetables and fruits; meats, poultry, fish, and beans; breads and cereals; and fats and sweets. A variety of foods within each group should be selected. Eating too many fats and sweets should be avoided.

- The USDA Recommended Daily Allowances (RDAs) give serving sizes and recommended numbers of servings per day for each age group. Texas minimum standards require that a child in child care for six or more hours per day have food available that meets at least half of their RDAs.

- Adequate nutrition helps children grow and reach their normal physical development. This, in turn, helps them reach their best levels of emotional, social, and mental/intellectual development. Poor nutrition leads to dietary problems. Tooth decay and obesity often result when too many empty calorie foods are eaten.

- Child care menus must be based on the Daily Food Guide and the RDA. Planning cycle menus allows for meals and snacks to be economical, nutritious, and easily prepared.

- Wise business practices should be followed in food purchasing, receiving, and storing. The child care program director is responsible for overseeing these tasks and staying within the food service budget.

- Sanitary food handling and storage practices are necessary where food is prepared and served to young children.

- To prevent the growth of harmful bacteria, food should be kept at temperatures above 140°F or below 45°F until served.

- Meal and snack time practices should encourage independence in children. The emotional climate during meal and snack time should be relaxed and pleasant. Children should be encouraged but not forced to eat.

Words To Know

anemia
ascorbic acid
B vitamins
cafeteria service
calories
carbohydrates
cycle menus
Daily Food Guide
empty calories
family service
fats
menus
minerals
nutrients
nutrition
obesity
plate service
protein
Recommended Daily Allowances (RDAs)
Vitamin A
Vitamin C
Vitamin D
vitamin deficiency
vitamins
water

Questions For Review

1. What is the child care program director's role in child care food service?
2. What are the essential food nutrients? List good sources for each.

3. What are the basic functions of each nutrient in the body?

4. What are the five food groups listed in the Daily Food Guide?

5. What source of information gives serving sizes and recommended numbers of servings per day for each of the essential food groups?

6. What is the role of nutrition in the physical, emotional, and social development of children?

7. What two dietary problems often result when children eat too many empty calorie foods?

8. What guidelines are used for child care menu planning?

9. What are cycle menus? Explain their use in child care food service.

10. List wise business practices the director should follow in child care food service management.

11. What basic equipment is needed for child care food service?

12. What sanitation procedures should be followed by staff members working in child care food service?

13. What is the danger zone for growth of bacteria in food?

14. Discuss appropriate meal and snack time practices in child care settings.

26 Chapter Twenty-six
Financial Management

ESSENTIAL ELEMENTS

- Assist with management procedures in the child care setting.(f4F)
- Demonstrate effective money management.(a7D)

OBJECTIVES TO ACHIEVE

- List various means of securing funding for child care programs.
- Explain ways child care programs can maintain accurate financial records.
- Describe the procedures involved in preparing a staff payroll.
- Outline a system for keeping inventory of equipment and supplies.
- Explain how to plan and evaluate an annual budget.
- Relate child care insurance needs to financial management.
- Outline strategies for controlling costs.

Financial Management

The success or failure of a child care program often rests on the financial management skills of the director. Financial tasks include record keeping, budgeting, controlling costs, and ensuring a stable income. Becoming a good financial manager takes training and experience. Child care directors need to gain basic skills in financial management. Directors of large complex programs may need advanced accounting skills or help from experts. Teachers and caregivers need to be aware of and appreciate the financial responsibilities of the director.

FUNDING

Many sources of funding are available for child care programs. Some programs are funded through tuition fees. ***Tuition fees*** are the cost of enrolling children in a child care program and are paid by parents. Other programs receive most of their funds from government sources at the local, state, and national levels. Still other programs receive funds from charitable organizations.

Tuition fees

Programs which depend on tuition fees must make enough money to cover program costs. Setting the right fee is an important task. One way to do this is called a ***break-even analysis***. This analysis involves finding out when costs and income balance. By trying different fee figures based on enrollment, the director can decide what fee is best. Fees are based on the following:

- community standards
- program reputation
- overall costs
- anticipated enrollment
- staff/child ratios
- state minimum standards
- special services to be offered

In setting fees, staff/child ratio must be considered. Assume the state minimum standard for a certain group of children is one caregiver to every six children. Then assume that eight children are enrolled in the program. In order to meet minimum licensing standards, two caregivers must be hired to care for the eight children. It is easy to figure that having six children enrolled (with one caregiver) or twelve children enrolled (with two caregivers) would allow the program to make better use of finances. However, there may not be twelve children in this age group who enroll at one time. Directors should make allowances to cover these situations.

Tuition fees are also influenced by the local child care market. Directors should learn what fees are being charged for similar programs in the community or in the area.

Contracts with parents are becoming more common. Some lawyers feel parent-provider contracts are essential. Such contracts spell out what is expected from both parties. For example, in a contract between parents and a child care program, the program agrees to be open certain hours and the parents agree to pay a certain fee each week. A sheet of rules or policies can be attached to the contract. These rules are also binding if mentioned in the contract.

Some directors might be reluctant to ask parents to sign a contract. However, most parents are glad to do so when they understand that such an agreement protects them also.

Whether parents sign a contract or not, legally they must pay fees for child care (unless fees are paid by the government or another agency). Directors need to be sure that fees are collected on time. Procedures should be developed for collecting late fees. Some recommended strategies include the following:

- collecting fees in advance
- collecting an enrollment deposit
- setting penalties for late payments
- contacting parents immediately when they are late with fees
- having a policy for stopping child care when fees are late
- taking the case to small claims court

Other Funding Sources

Many nonprofit programs are funded by government agencies and charitable organizations. If a program plans to seek funding from these sources, the director may follow these guidelines:

- Check publications which list funding sources for children's programs. Many of these are available through the Superintendent of Documents at the U.S. Government Printing Office in Washington, D.C. Many states have funds available through their departments of social service, education, or rehabilitation.
- Identify specific funding agencies and request information about their funds and how they are awarded.
- Check local sources of funding. Check businesses and industries, schools, community development funds, and social service funds. Also check with organizations which are charitable or religious in nature.

Procedures for obtaining funding differ from one agency to another. However, some general rules apply. For example, a ***proposal*** for funding usually has five parts. These parts are as follows:

- a needs assessment
- a program overview
- management information
- a budget
- a way to evaluate the program

Following the guidelines or rules of the agency is very important. If the application for funds is filled out incorrectly, the agency may not consider the application.

Once funded, a program may recover costs by billing the funding agency at the end of the month. In some cases, a lump sum is awarded and spent by the program as needed. Either way, care should be taken to follow exactly the procedures given by the agency. Exact record keeping is very important.

FINANCIAL RECORD KEEPING

All child care programs should have a well organized system for financial record keeping. This system helps in dealing with the Internal Revenue Service (IRS) and possible funding agencies. A record keeping system can be simple as long as it is well-organized, up-to-date, and consistent.

Financial record keeping systems can be organized in many different ways. Some programs hire experienced bookkeepers, full-time or part-time, who do all financial work. Other programs hire accounting firms to set up bookkeeping systems. They also prepare annual reports and tax information. Many programs purchase microcomputers with financial management software packages.

Other programs use a ***voucher system***. All checks are written from a business checking account. Fees are received and recorded. This information is submitted to an accounting firm that maintains all the records. All expenses must be recorded on vouchers (forms) for the accountant.

Still other programs may not be totally responsible for financial records. For example, a child care program may be part of a larger organization such as a church. The director reports all financial matters to a budget committee or administrative office.

In smaller child care programs, the director sets up and maintains the financial record keeping system. A single-entry bookkeeping system works well for smaller programs.

Single-Entry Bookkeeping

Several bookkeeping tools are used in the single-entry system. They include the following:

- a general journal
- a general ledger
- an income or parent fees ledger
- a payroll ledger

In addition to these financial books, the director needs a business checkbook, receipts book, and an adding machine or calculator with a paper tape. A filing system is also necessary. Special microcomputer software is also available for financial record keeping. With any system, receipts, statements, invoices, and other records must be kept. These records document information in the journal and ledgers and/or on the computer.

In single-entry bookkeeping, each financial ***transaction*** or event is recorded first in a general journal. The ***general journal*** is like a diary. Every day, the financial events are written down as they happen. Each event is described. The date and dollar amounts are recorded. In addition, an account number is recorded. This account number tells the bookkeeper where to post a transaction in the ledgers. Every few days the information in the journal is posted to the ledgers. Figure 26.1 shows how the general journal might look.

DATE	DESCRIPTION	ACT. #	AMOUNT					
4-3	B Martin, fee payment	146			5	5	0	0
4-3	Paid for plumbing Ck #507	251			7	5	0	0
4-3	S. Morrow, fee payment	240			5	5	0	0
4-3	Paid for electricity Ck #508	273		2	0	0	0	0
4-4	Telephone bill Ck #509	178			6	7	0	0
4-4	Paid T. Landers, Cook Ck #510	193		1	8	5	0	0
4-4	Grocery supplies, Ck #511	201		1	1	0	0	0

Figure 26.1

The ***general ledger*** is divided into ***accounts*** which are similar to items in the budget. For example, there are accounts for rent, food, equipment, and utilities. Some items in the budget such as income and payroll have separate ledgers. The ***parent fee ledger*** has a separate account for each family purchasing child care.

The ***payroll ledger*** has a separate account for each employee. The payroll ledger shows the deductions taken from each employee's paycheck.

In-kind contributions should also be recorded. An ***in-kind contribution*** is a non-cash resource which is donated to the program. Generally these include volunteer time, free use of building space, and supplies donated for children's use. These in-kind contributions represent real funding for the program. They should be recorded with a dollar value so that true program costs can be figured.

With these bookkeeping tools, the director can keep track of income and expenses. In addition, the director can use the information in these books for planning and controlling costs.

Payroll

In a child care program, the largest cost is often salaries paid to employees. Preparing the payroll, keeping accurate payroll records, and reporting information to government agencies are important tasks.

Several steps are involved in preparing a payroll. First, each employee's ***gross wages*** are figured. This amount might be a set salary or it might be based on hours worked during the payroll period. Then payroll deductions and contributions are figured. ***Deductions*** are the required amounts taken from gross wages. Three common deductions are Federal Income Tax Withholding, State Income Tax Withholding, and FICA (social security). The amount to deduct for each can be calculated by using charts provided by the IRS.

Contributions from employees' gross wages are voluntary deductions. For example, employees may wish to participate in a group health insurance program or savings plan.

After deductions and contributions are added, this amount is subtracted from gross wages. The remaining amount is known as ***net wages*** or "take home pay." A payroll check is prepared for each employee. The stub attached to the payroll check shows the amounts subtracted from gross wages and for what purposes.

All of these financial transactions are recorded in a payroll ledger. From the payroll ledger, the bookkeeper also figures the total amount of money to be paid for the employee to state or government agencies. In this situation, the employer is acting as an ***agent*** for the employee in paying taxes.

Taxes are usually paid quarterly by the employer to the appropriate agency. For FICA (social security), the employer pays what was deducted from the employees' salary and a matching contribution. The local IRS office or Small Business Administration can give a director more information and help with these procedures.

INVENTORY

Keeping track of supplies and equipment can be done with ***inventory records.*** Such records serve several purposes. Inventory records on major equipment can show serial numbers, purchase costs, and maintenance schedules. Inventory records of supplies in a classroom can show what is missing or in need of repair. Such a list can help in reordering materials.

Consumable supplies such as food need to be inventoried (counted) regularly. Storage areas can be organized to make this an easy task. For example, a pantry with canned goods can be arranged for a quick check. All canned goods of the same kind can be grouped in fives or tens. The cook can tell at a glance how much is left by counting the groups.

Inventory records also help the director in controlling costs. If an unusual amount of art supplies is missing, the director should find out why. It may be that some money-saving measures need to be taken to avoid wasting supplies.

A variety of methods can be used to keep inventory records. The director decides which will work best. The important point to remember is that inventory records need to be accurate and up-to-date.

FINANCIAL CONTROL

Financial control is a challenging task for directors. In many ways, budgeting and controlling costs are a director's most important financial tasks. Without such control, a center could find itself in serious financial trouble.

Budgets

A ***budget*** is a financial plan. It tells how much a child care program expects to make and spend. Budgets help directors set fees, make decisions about spending, and control costs. In addition, budgets reflect the goals and objectives of the program.

Directors starting a new program develop a one-time budget known as a ***start-up budget***. Such a budget shows how much it will cost to set up the program. Once a program is underway, an ***operating budget*** is prepared each year.

An operating budget is broken down into two basic categories: expected income and expected expenses. Income and expenses are further broken down into line items. ***Line items*** for income might include parent fees and fund raising activities. Line items for expenses include the following:

- salaries and benefits
- rent
- utilities
- supplies
- food
- equipment
- training

All expected costs and income should be included in the budget, including in-kind contributions.

If the program expects to make a profit, income must be greater than expenses. A non-profit program would show how income and expenses balance. A good rule of thumb when estimating income is to adjust for periods of low enrollment.

The budget can usually be shown on a single sheet of paper. Backup sheets may be provided to give details. For example, a salaries and benefits backup sheet lists all staff members and their salaries. In addition to backup sheets, a written explanation for expenses might be included. These explanations are known as budget ***justifications***.

The budget is an important tool. During the year, the director will refer to it many times. Analyzing the budget in relation to actual income and expenses is useful in controlling costs.

INSURANCE

Child care programs have several insurance needs. While some of these needs are required, others are optional. As mentioned previously, a child care business employer is responsible for employees' social security and income tax deductions. The employer is responsible for worker's compensation insurance and may also be responsible for state unemployment insurance. Most employers will carry optional liability insurance.

Worker's Compensation Insurance

Worker's compensation insurance protects the employee who might be injured on the job. It pays for all medical bills and loss of salary until the employee is able to return to work. The rates are usually established by the state, but the insurance can be purchased through most insurance companies. Worker's compensation insurance is required in all states.

Unemployment Insurance

State unemployment insurance is required for all profit-making businesses. The employer's contribution of premiums are used to pay former employees who file for unemployment benefits. In some states, nonprofit corporations can decide not to pay premiums. Instead, they pay the actual cost of claims filed by their former employees.

Liability Insurance

As noted in Chapter Three, liability means being legally responsible for injury to a person. Every business tries to protect itself from liability and the financial results. The director or board of directors should review the child care program's potential for liability. They should analyze the liability coverage available and how much it could cost.

When determining liability potential, areas of high risk and amounts of potential loss can be seen. In the areas where risk is high and potential loss is high, liability insurance is a must. For example, if children are often transported in cars for field trips, good auto insurance is essential. Several kinds of liability insurance can be purchased to protect a child care program from financial loss.

General liability insurance is designed to protect the program from loss due to neglect. Policies normally cover bodily injury, property damage, emergency medical expenses, and legal costs which might result. For example, if a caregiver left the room unattended during the time that a child was injured, the caregiver was negligent. Liability insurance could cover the costs involved. Care should be taken to cover the director and members of the board of directors in any general liability insurance policy.

Other kinds of liability insurance can be purchased to protect a program in areas that a general liability policy does not. ***Personal injury liability insurance*** would pay for damages from a lawsuit for libel or slander. ***Fire legal liability*** applies to programs which rent or lease a building. If a staff person caused a fire, the building owner's insurance would try to recover the costs from the person who caused the fire. Fire legal liability insurance would pay the insurance company, thus protecting the negligent employee.

If a child care program owns motor vehicles, they should be fully insured by ***auto insurance***. The potential risk and cost of damages from auto accidents is high. Several types of coverage are available. Protection ranges from bodily injury liability to uninsured motorist protection.

Attention should also be given to insurance coverage for parents, volunteers, and staff who use their own cars to transport children. Care should be taken to see that all drivers and their cars are adequately covered by their policies. It is even advisable for them to carry more insurance than normal. The child care program can also purchase insurance to protect itself when vehicles not owned by the center are used.

Other types of liability insurance exist for other kinds of potential liabilities. The decision on the type and amount of coverage depends on the program's potential for liability and its financial resources. For example, some programs have dropped swimming and gymnastics programs because of the high cost of liability insurance. Remember that no matter how much is done to protect a child care program from liability, there are no guarantees. Some teachers and caregivers carry individual professional liability insurance policies.

When considering the purchase of any kind of insurance, it pays to shop around. A director might find a policy with low premiums but discover that the coverage is limited. Another policy might cost a little more but offer greater benefits. All optional insurance purchased raises the overall costs of providing child care services.

CONTROLLING COSTS

The most important thing a director can do to control costs is to watch cash flow. At the beginning of the fiscal year, the director prepares a "cash flow calendar." This chart shows income and expenses month by month for each budget item. The director can see in which months expenses will be more than income. For example, an insurance premium and quarterly taxes may be due in the same month. Total expense for that month may be more than expected income. The director can limit expenses other months to make sure that extra cash will be available.

Another cost controlling measure related to cash flow is the ***monthly financial statement***. At the end of each month, the director prepares a sheet showing actual income and expenses for the year to date. This amount is compared to the amount that was budgeted. The cash flow calendar can be used to figure how much was to be made and spent by a certain date. The difference between these two figures tells the director how far finances are over or under the budget. The director can take action to correct the situation, if needed.

Wise purchasing and use of supplies and energy are also important cost controlling methods. Equipment purchases should be made only after the director has compared prices. The goals of quality and reasonable price are possible if the director checks several sources. Supplies and energy are best used when the staff has an attitude of conservation. Everyone should be alert to the non-wasteful use of supplies and energy.

When it is necessary to cut costs, the director should examine the budget carefully. Larger budget categories are usually the best place to look. Many other strategies can help directors with financial control. Budgeting, watching cash flow, and conservation are three of the most important. Job descriptions, personnel policies, parent-provider contracts, safety regulations, and staff training programs help protect the program and may lower liability insurance premiums.

Points To Remember

- Funding for child care centers may come from tuition fees, local, state, and national sources, or charitable organizations.
- Tuition fees are based on community standards, program reputation, overall costs, anticipated enrollment, staff/child ratio, state minimum standards, and special services to be offered.
- The five parts of a proposal for funding are a needs assessment, a program overview, management information, a budget, and a means for program evaluation.
- A record keeping system should be well-organized, up-to-date, and consistent.
- A voucher system requires that all expenses must be recorded on vouchers for the accountants.
- Single-entry bookkeeping involves use of a general journal, a general ledger, an income or parent fees ledger, and a payroll ledger.
- The steps involved in preparing a payroll are as follows: figure the employee's gross wages; figure payroll deductions and contributions; and subtract deductions and contributions from the gross wages, leaving the net wages.
- Three common tax deductions are Federal Income Tax Withholding, State Income Tax Withholding, and FICA (social security).
- Inventory records aid in reordering supplies, identifying missing equipment, and planning repairs.
- An operating budget is in two categories: expected income and expected expenses.
- Worker's compensation insurance and unemployment insurance are required by all states. Liability insurance is recommended.
- Budgeting, watching cash flow, and conserving are three important strategies for controlling costs.

Words To Know

accounts
agent
auto insurance
break-even analysis
budget
contributions
deductions
fire legal liability
general journal
general ledger
general liability insurance
gross wages
in-kind contribution
inventory records
justifications
line items
monthly financial statement
net wages
operating budget
parent fee ledger
payroll ledger
personal injury liability insurance
proposal
start-up budget
state unemployment insurance
transaction
tuition fees
voucher system

Questions For Review

1. What funding sources are available for child care programs?
2. What seven factors affect the amount of tuition fees?
3. What are the five parts of a proposal for funding?
4. Identify methods of maintaining accurate financial records.
5. What are steps involved in preparing a payroll?
6. What tax records are child care centers required to have?
7. Identify methods of maintaining an inventory of equipment and supplies.
8. What is the difference in a start-up budget and an operating budget?
9. Identify line items for income and line items for expenses.
10. What three major forms of insurance are recommended for child care centers?
11. What types of liability insurance may be recommended for child care centers?
12. Identify methods of controlling costs in a child care center.

27 Chapter Twenty-seven
Parent, Community, and Professional Relationships

ESSENTIAL ELEMENTS

- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Assist with management procedures in the child care setting.(f4F)

OBJECTIVES TO ACHIEVE

- Explain the importance of open communication between parents and caregivers.
- Analyze ways to promote positive relationships and open communication between parents and caregivers.
- List guidelines for use by caregivers in handling problems involving parents.
- Determine ways that parents can be involved in a child care program.
- Analyze ways in which the community influences and provides resources for a child care program.
- Discuss guidelines for recruiting and using community volunteers.
- Review considerations for developing public relations strategies for a child care program.
- Explain the importance of involvement in professional child care causes and organizations.

Important Relationships

The parents and the community are two major influences affecting child care programs. Parent participation is very important to child care programs. Directors can encourage open communication and positive relationships between staff members and the parents of children in the program.

A good relationship should exist between the child care program and the community. The cultural makeup of a community influences the program for children. The community has services, agencies, and volunteers to meet the needs of children and families. The child care program provides a valuable service to the community.

Child care professionals learn by participating in community and professional organizations. Through these organizations, they learn new ideas which help them improve the quality of child caregiving.

PARENTS

Positive caregiver relationships with parents aid the growth and development of children. Positive teacher/parent relationships are promoted through communication and parent involvement in the child care program.

Parent/Caregiver Communication

It is important for parents and teachers to communicate for four primary reasons:

- Through parent and teacher communication, consistent guidelines can be used at home and at the center. The child then knows what is expected of him or her.
- Through communication between parent and teacher, the accomplishments of the child and the frustration with the child can be shared. By sharing accomplishments and frustrations, parents and teachers can better understand the child's level of development.
- Parents and teachers have the opportunity to support each other. Both parenting and caregiving can be trying and exhausting. Each adult can be a listener for the other when problems arise.
- Ideally, parent and teacher conferences prevent a lack of communication. When expectations, attitudes, and feelings are communicated, caregivers and parents have clear guidelines to follow. When these guidelines are absent, misunderstandings frequently occur.

Child care centers use various ways to communicate with parents. These may include informal interactions; a parent recognition area; a parent handbook; brochures, bulletins, and newsletters; parent meetings; individual conferences; and home visits.

Informal Interactions - During arrival, departure, and visitation time, some caregivers have chances to speak informally with parents. Positive communication skills by the staff will create a positive image for the center. The receiving teacher should greet the child and the parent cheerfully with enthusiasm. It is important to call the child and the parent by name. The teacher should listen carefully for special information or instructions about each child. The teacher should then follow the parents' intructions carefully. The departure caregiver should have the child washed and ready to go home. At departure time, caregivers should take time for brief but positive and friendly talk about the child's day.

The director is responsible for establishing guidelines about levels of communication with parents. In general, teacher assistants communicate with parents by simply greeting them. This means that they greet the child and parent warmly, showing positive and nurturing attitudes about the child. The teacher assistant directs parents' questions about policies and procedures or about their child's developmental progress to the director or the teacher.

Parent Reception Area - A parent reception area helps parents feel welcome. Having the area encourages informal communication between parents and caregivers. This area should be an inviting and comfortable place for parents.

Written materials may be located in a parent reception area to help communicate information to parents. Some materials which could be located in this area include a handbook for parents, newsletters, bulletin boards, brochures, and current publications.

Parent Handbook - A parent handbook is designed to help the parent become oriented to the program. It also serves as a reference for obtaining information about the child care program. The parent handbook should include a statement about the program's philosophy, policies, and services. The handbook should also include information on requirements which must be met before a child can be enrolled. Personal information, health history forms, and other requirements should be included. Other information in the handbook might include the following:

- developmental characteristics of young children
- ways to foster development
- health and safety of young children
- policies about reporting children's progress
- list of supplies parents need to provide for their child
- ways parents can be involved in the child care program
- dates of scheduled meetings

Brochures, Bulletins, and Newsletters - Brochures, bulletins, and newsletters can aid the communication process between parents and caregivers. Through these materials, parents learn about changes in policies, special services and fees, plans for parent conferences, and special activities scheduled throughout the year. These materials may also assist parents in interpreting the program and activities provided for children. In addition, special notices can be prepared to inform parents of new developments. For example, news of an outbreak of chicken pox in the three-year-old classroom can be placed in a special notice.

Parent Meetings - Another way to provide communication between parents and caregivers is through group ***parent meetings***. A group meeting may be held to communicate program policies to parents. Group meetings may inform parents about the daily program or about the types of activities or seasonal events that are planned. Films may be viewed, or an authority may speak on some phase of child development.

Individual Parent Conferences - ***Individual parent conferences*** are held as a two-way communication process. Through conferences, parents learn of their child's progress from the caregiver. In addition, parents have the chance to share differences in beliefs and procedures about working with their child. The individual conference also allows the caregiver to better understand each child's home environment. Figure 27.1 provides guidelines for use in planning effective parent conferences.

EFFECTIVE PARENT CONFERENCES

Preparation for the Conference

1. Do I have any written observations about the child to share with the parents?
2. Have I analyzed patterns in the child's behavior?
3. Have I identified outstanding behaviors in the child?
4. Is the setting for the conference relaxed, informal, and comfortable?
5. Are the time and place of the conference convenient for the parents?
6. Are coffee and/or refreshments available for the parents?

Directing the Conference

1. Am I fostering a two-way conversation about the child?
2. Have I mentioned some aspects of social, emotional, intellectual, and physical development of the child?
3. Do I back up general statements about the child with specific examples?
4. Do I relate any amusing anecdotes or special incidents involving the child?
5. Is the parent conference an extension of the ongoing process of communication with parents?
6. Do I open and close the conference on a positive note?
7. Do I stick to the subject of the conference and utilize the time efficiently?
8. Do I end the conference with a summary statement emphasizing the suggestions that were made for the caregiver and parents?

Figure 27.1

Home Visits - The ***home visit*** is another means of communication between parents and caregivers. A home visit before the child enters the program helps parents and the caregiver to get acquainted. A friendly home visit makes the child and the parents more comfortable on the first day at the center.

Other Ways to Encourage Communication - Other ways to aid positive communication between parents and caregivers include the following:

- telephone conversations
- notes to parents
- observation forms for parents
- folders with collected information about a child's development

Figure 27.2 provides general guidelines to ensure good parent/center relations. Other guidelines may be added to the list.

GUIDELINES FOR SMOOTH PARENT/CENTER RELATIONS

- Make sure parents and children are greeted upon arrival.
- Arrange a place for parents to have refreshments and visit when they have time.
- Always have the caregivers share information about the child during brief informal contacts when parents arrive at the center to pick up their children.
- Develop an attitude among caregivers at the center that the parents are considered the primary teachers of the child.
- Help busy parents stay informed through newsletters and parent bulletin boards.
- Make certain directors are available to talk with parents.
- Conduct regularly scheduled parent meetings.
- Schedule regular caregiver/parent conferences.
- Frequently remind parents that they are welcome to visit the center at any time without making an appointment.
- Encourage parents to have input into center policies and curriculum.
- Place suggestion boxes in the classrooms so that parents and staff may make comments about the program.
- Place note pads in classrooms so that parents can write special messages for the caregiver. For example, "Please remember to put Rebecca's hat on before she goes outside."
- Encourage parents to telephone the center at any time to offer information, express concern, or check on their child.
- Try to offer positive comments each day to the parents.
- Always respond to parents' suggestions or criticisms. If you are upset, wait a day before responding, but take the time to think about the suggestion and respond to the parents.

Figure 27.2

Handling Parent/Caregiver Differences

Disagreement between parents and caregivers is likely to occur on occasion. The child care program director sets policies and procedures for dealing with such problems.

The first step in dealing with differences is to admit they happen. Having a difference of opinion is not a reflection of a caregiver's skill or competence. Competence comes from thinking through differences and deciding on a plan to handle them.

Most differences between caregivers and parents are handled through give and take. Others are worked out through explanation. More serious differences usually involve the director.

A key to resolving differences is knowing how to respond to a complaint from a parent. Here are some tips for dealing with complaints from parents:

- Be grateful that parents feel comfortable enough to present complaints and suggestions openly.
- Listen to feelings as well as words. The big fuss a parent makes about lost socks, for example, may be sparked by the fear of being laid off at work and not being able to financially manage the family.
- Hear the parents out. They have a right to make suggestions about the care their children receive. If they feel their children are being mistreated or treated unfairly, they have a right to complain.
- Try not to get angry. After a parent has finished talking, state your ideas about the complaint.
- Remember that parents often have good ideas about their children's care. A parent's complaint about too much sugar in snacks, the poor communication between early and late shift caregivers, the lack of outside play materials, or the need for more interesting activities for school-age children might result in changes that will improve the overall program.

Policies Regarding Parental Complaints

Some differences cannot be resolved when a teacher and a parent discuss a problem. For that reason, many centers have a written policy for parents to use in sharing complaints. The policy can be given to parents at enrollment or discussed in parent meetings. If parents have a complaint, they should follow this basic procedure:

- Talk to the caregiver first, if that is where the problem arises.
- If the problem is not resolved, talk to the director. Be sure the director understands the depth of the concern. Generally a parent talks to the director more than once to give the director a chance to solve the problem.
- If the problem is still not solved, go to the governing board or owner (if different than the director) with the complaint in writing. Include specific events, dates, names, and other information as well as a suggestion for resolving the problem. In facilities that have a governing board, parent complaints are often handled by a board subcommittee.

Presenting Problems to Parents

Besides dealing with problems raised by parents, caregivers may also notice problems which require discussion. Knowing how to express a problem is just as important as knowing how to respond to one. On the following page are some guidelines. The list is adapted from "When You and Parents See Things Differently." *Texas Child Care Quarterly*. Fall 1983, pp. 23-24.

- Wait to discuss the problem until both parties have time and energy to think about it carefully. Presenting a problem to parents as they rush to work or when they pick up the child after a hard day can be poor timing. It is better to set up an appointment for a phone conversation or a personal meeting.
- A written complaint policy can inform parents that occasionally they may receive a call from a caregiver about a problem. Emphasize that the problem affects the caregiver's ability to care for the child properly. Encourage parents to express their views about the problem and work with the caregiver to resolve it.
- Talk in a polite, helpful manner. Blaming parents will do little good. Instead of saying, "You're not bringing enough milk. Billy is hungry before his feeding times," try this approach: "I think Billy is hungry when he cries before his scheduled feeding time. I would like to feed him a little earlier but I'm afraid he will run out of milk if I do. I would like you to bring four bottles instead of three."
- Make sure the parent knows that the child's best interest is considered important. Make it obvious that the child is liked and note his or her good points. You might say, for example, "I enjoy having Erica in my group. She asks lots of questions and is extremely curious, but I'm concerned because she starts hitting when she gets angry. You've mentioned before that she shows her temper at home. What I'm trying to do is tell her it's okay to feel angry but to use words to say how she feels instead of hitting."
- Help parents feel confident. If parents feel that others think they are doing a good job, they may be more open to new ways of handling their children. They may be more eager to improve parenting skills. You might say, for example, "I think you're doing a great job of showing Chris lots of attention. It must be rough right now with the divorce. Chris said you took him to the park yesterday. His eyes really sparkled when he told me about the fun he had."
- In a few cases, there will be more complaints and differences that cannot be resolved. Problems may result from different values or different child-rearing practices. Such problems are not signs that caregivers or parents have failed. It simply means that there is a disagreement. The best solution may be for the director to attempt to work out the problem. If the problem still cannot be solved, the director may refer the parents to another child care program.

Parent Involvement

Parents are important to the success of a child care program and the development of children. Parents should be given the chance to choose how they wish to participate. Such choices tend to make parents feel more comfortable. Planning, policy making, and volunteer roles offer many opportunities for parent involvement.

Each child care center and each set of parents is unique. Therefore, the right kind of parent involvement must be determined for each situation. Factors for the director and teachers to consider when planning parent involvement include the following:

- **The number of working parents** - In a child care program where all parents work, few parents can be caregiver aides. However, parents can participate in other ways. For example, they can save throw away items for art projects or donate old clothes and shoes for the dramatic play center. Parents who work part-time or have flexible work schedules can participate more often and in a wider variety of ways.
- **The stability or mobility of the community** - If people in the community are mobile, involvement that takes a long period of time is not possible. If the community is stable, parents can work on long-range projects such as playground improvements.
- **The size of the community** - If children and parents travel long distances to or from the center, it may be difficult to arrange ways to involve parents. However, a center which is located near the homes of children may encourage more parent involvement.
- **The physical setting of the center** - If a center can afford the luxury of space where parents can meet, parent involvement becomes easier. Setting aside an area for parents says to them that the center belongs to them as well as to their children.

THE COMMUNITY

The child care program serves the community. In turn, the community has resources to serve the child care program. These resources include agencies, services, and volunteer workers. The various cultural aspects of the community need to be understood and reflected in the child care program. Understanding effective marketing strategies is also necessary for program success.

Community Services and Agencies

The director is responsible for relations with community services and agencies. The amount of time and the degree of involvement varies according to the type of program and the director's individual style.

In order to refer families, directors should be aware of services provided by each community service and agency. A list of services and agencies in the surrounding community should be developed. Directors should try to personally contact as may agencies as possible which provide services related to the client's need.

In addition to referring children and families, directors may use community services and agencies as resources for information. Many agencies have personnel and materials available for staff training, advice, and assistance. Other services may be available from other sources such as the public library, the electric company, and medical, dental, and mental health services.

Volunteers

Child care programs may use community volunteers in many ways. Figure 27.3 provides ways to use volunteers in a child care program.

WAYS TO USE VOLUNTEERS IN A CHILD CARE PROGRAM

Volunteers may . . .

1. Form a committee to plan special activities for the children.
2. Cook for special occasions.
3. Help in the maintenance of the facility (painting, cleaning, repairing equipment, landscaping, etc.).
4. Participate in classroom activities by reading stories, playing a musical instrument, discussing special interests, or doing science, art, cooking, or any other activities of interest to children.
5. Make, mend, or launder doll clothes, dramatic play props, pillows, mats, cot covers, etc.
6. Build equipment for the playground.
7. Make toys for the classroom.
8. Share a pet or animal with the children.
9. Develop creative and meaningful bulletin boards.
10. Serve on a telephoning committee to remind parents of parent meetings or special center activities.
11. Help to collect items such as ice cream cartons, Popsicle® sticks, newsprint paper rolls, scrap lumber, etc.

Figure 27.3

The volunteer program is managed by the program director or a volunteer coordinator. A volunteer program coordinator should consider sources for recruiting volunteers, a screening process for using volunteers, and an orientation session for the volunteers.

Available sources for recruiting volunteers will vary. Sources depend on the size of the community and the demands of the other agencies in the community. The potential sources for locating volunteers for child care programs are as follows:

- personal friends of the child care staff
- senior citizens
- colleges or universities
- volunteer bureaus
- churches

A volunteer screening process should be used for each volunteer. The same care that goes into staff hiring should go into volunteer selections. Not everyone is suitable for volunteer work in a child care program.

Before volunteers begin their work assignment, they should attend an ***orientation session***. The orientation session covers the following general topics:

- **Organizational matters** - the program's structure, the staff members, and the children's groups
- **Educational matters** - program objectives and how they are implemented
- **Developmental information** - ages of children, general information about the children, and what to expect from them
- **Responsibilities of volunteers** - general expectations, schedules, and assignments in written form
- **Supervision of volunteers** - who will supervise, who will evaluate, and who should be consulted when there are problems

Evaluation of volunteers is similar to evaluation methods for other caregivers. A form can be developed for use in evaluation of volunteers.

Public Relations

Public relations strategies help involve the total community in a child care program. The director and staff should be aware of their roles in influencing the community's attitude about the program and the child care profession. How a child care program is marketed influences the image of the program. When planning how to market a child care program, it is important to consider several questions such as the following:

- **What type of image do you want to present?** Many factors influence the image of the program. The appearance of the physical setting, the behavior of the staff, and the name of the program are some factors which influence the program's image. Some people will be attracted by one image and some by another.
- **What audience do you want to reach?** The public relations strategy should consider which families or groups of people you want to reach. Usually, young families are a prime target for child care centers.
- **What is the purpose of the public relations effort?** It is important to consider what you want to accomplish through this strategy. Are you trying to build enrollment? Are you trying to maintain your image as an excellent learning environment for young children? Do you want to be viewed as a source of information? Have you changed location or sponsorship and want to tell the public?
- **What information do you want to communicate?** Do you want to communicate your program's philosophy, goals, and purpose? Is it important to provide information on enrollment procedures and the children who are served by the program?
- **What is the best way to communicate the information to the audience? Which methods do you want to use?** The more common methods are as follows:
  - paid advertisements in newspapers, telephone directories, radio, and television
  - posters in laundromats, shopping centers, and libraries
  - participation in professional organizations
  - volunteering the building as a site for community meetings

"Word of mouth" advertising by satisfied parents is always valued. Individual caregivers involved in community and professional child care organizations help create a positive public image for the child care profession.

PROFESSIONAL RELATIONSHIPS

All persons interested in the education of young children have a responsiblity to be informed. In addition, each person can choose to help shape the future of the child care profession.

Directors should encourage teachers to become involved in community and professional organizations. Involvement in child care legislation, improvement of working conditions, identification of available job positions, research, continuing education, networking, and social activities are reason for participating in these organizations.

Community and Professional Organizations

Community and professional organizations influence public opinion and legislation. Public thinking is influenced by various types of media. Pamphlets, brochures, newspapers, magazine articles, and radio and television coverage can be used to communicate information to the public about children. Lobbyists, professional advocates, and organizational representatives stay in contact with legislators and stay informed about proposed laws which affect children. Through letter writing campaigns, many organizations influence legislators and laws affecting children.

Working conditions have been improved for child care professionals through professional and community organization input. Salaries, fringe benefits, and staff/child ratios have been influenced by these organizations. Professional organizations can also provide creative, resourceful ideas to improve existing working conditions.

Some organizations may provide a job placement service or formal position announcements. Other organizations provide informal exchange of information on job openings. In either case, interested persons are exposed to the wide range of opportunities available in the child care field.

A child care professional may wish to conduct research or stay informed about the most current findings in the field of child development. Child development research is funded through professional organizations, foundations, and the federal government. The findings of the research projects are published in journals and/or newsletters produced by the various organizations.

Organizations for caregivers provide many kinds of activities to further the continuing education of members. Workshops, conferences, magazines, newsletters, pamphlets, and books published by the organization inform caregivers about developments in their field. Some organizations may offer consultation services to child care professionals for curriculum planning, staff development, and/or parent education.

The opportunity to network resources is also a function of professional organizations. ***Networking*** is a way of making, using, and providing contacts which serve as tools for saving time, energy, and/or money. Networking of resources helps child care professionals to better meet the needs of children. Organizations of professionals from related fields can work together with child care professionals. For example, social workers, doctors, psychologists, and nutritionists could network their resources to best meet the needs of children.

Through community and professional organizations, child care professionals develop personal relationships with others. Various activities are used to promote interaction among child care professionals. After attending a professional meeting, caregivers often return to work more enthusiastic about their job of caring for young children.

Points To Remember

- Positive caregiver/parent relationships are promoted through communication and parent involvement in the child care program.
- Strategies that promote positive relationships between parents and caregivers include informal interactions; a parent reception area; a parent handbook; brochures, bulletins, and newsletters; parent meetings; individual conferences; and home visits.
- The director is responsible for setting policies and procedures for handling teacher/parent differences.
- Parents are essential to the success of child care programs and to the development of children.
- Parents can be involved in planning, policy making, or volunteer roles.
- The director is responsible for establishing relations with community services and agencies. In addition to referring children and families, directors may use community services and agencies as sources of information.
- Volunteers may perform and aid with staff functions. A volunteer screening process should be used with each volunteer. The same care that goes into staff selection and evaluation should go into volunteer selection and evaluation.
- To promote healthy development, each child's culture should be valued and respected by the child care staff. The director takes a leadership role in setting the tone for mutual respect among cultural groups.
- Various marketing strategies should be considered. A good marketing strategy creates a positive public image for the child care center, informs the public about services provided, and creates positive attitudes about the child care profession.

- Child care program directors are wise to encourage caregivers to become involved in community and professional organizations. Child care advocacy, improvement of working conditions, learning about available job positions, research, continuing education, networking, exposure to new ideas, and social activities are reasons to participate in organizations.

Words To Know

home visit
individual parent conferences
networking
orientation session
parent meetings
public relations

Questions For Review

1. What is the child care program director's role in promoting positive parent, community, and professional relationships?
2. Why is open communication between caregivers and parents important?
3. List strategies that promote caregiver/parent communication.
4. List guidelines for handling caregiver/parent differences.
5. In what ways can parents be involved in a child care program?
6. What is the child care program director's role in encouraging cultural pride and mutual respect among cultural groups at the center?
7. What is the director's role in identifying and using community services and agencies which aid children and families?
8. Explain why screening and evaluation of child care volunteers is important.
9. What topics should be covered in orientation sessions for child care volunteers?
10. What questions should be considered when developing child care marketing strategies?
11. List marketing methods that may be used.
12. What are the benefits to individual caregivers of involvement in community and professional organizations? What are the benefits to the child care center?

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CHILD CARE AND GUIDANCE, MANAGEMENT, AND SERVICES

Tests for use with Reference Book

and

Answers to activities in Student Activity Book

Developed and disseminated by:

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PREFACE

Child Care and Guidance, Management, and Services is part of an occupational education series which focuses on a broad range of employment opportunities. The materials may be used for one or two years of instruction. This packet includes a complete set of tests with answers for use in evaluation of students' mastery of the material covered in the *Child Care and Guidance, Management, and Services* reference book. Also enclosed are answers to activities included in the *Child Care and Guidance, Management, and Services* student activity book. The teacher should note that answers are not provided for activities that require the student to write paragraphs, answer essay-type questions, or complete other activities requiring creative answers that will vary from student to student. Since no one answer exists for such activities, it is recommended that the teacher evaluate each student's answers on the basis of information provided in each chapter of the reference book. In addition, some student activity book answers provided in this packet may vary slightly from correct answers which students will provide. As the curriculum materials are used, it is important for the teacher to become familiar with activities and evaluate students based on the accuracy of their answers even if their responses vary from answers provided in this packet.

Tests

CHAPTER 1 TEST
The Child Care Profession

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. The primary caregivers for children are
- A. teachers at school.
- B. child care workers.
- C. their parents.
- D. other children in a child care center.

_______ 2. The child care profession provides
- A. only for-profit care.
- B. only nonprofit care.
- C. primary child care.
- D. secondary child care.

_______ 3. The main reason for the increased demand for child care services is because more
- A. mothers are working outside the home.
- B. fathers are working outside the home.
- C. families are having children.
- D. schools are offering early childhood education programs.

_______ 4. Early childhood education is for children who are
- A. three to eight years of age.
- B. infants to eight years of age.
- C. enrolled in first through fourth grades.
- D. infants through their elementary school years.

_______ 5. Quality child care provides a program
- A. based on early childhood education principles.
- B. that considers the physical, social, emotional, and intellectual development of young children.
- C. that meets the needs of the families served.
- D. all of the above.

_______ 6. Custodial care programs are planned with concern for
- A. helping the child develop physically and socially.
- B. the safety of the child.
- C. helping the child develop emotionally.
- D. helping the child develop intellectually.

_______ 7. The type of child care service which offers a variety of different services is
- A. an extended day program.
- B. custodial care.
- C. developmental care.
- D. comprehensive care.

_______ 8. A franchised child care program is
A. a nonprofit program.
B. a chain of child care centers in different locations.
C. a family day home program.
D. all of the above.

_______ 9. A new trend in child care is
A. custodial care.
B. government funding of child care.
C. kindergarten programs for 5-year-olds.
D. employer-sponsored child care.

_______ 10. A planned program for teaching and learning is called
A. curriculum.
B. a learning philosophy.
C. a day care center.
D. individual care.

CHAPTER 2 TEST
Careers in Child Care

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. A job which is often open to entry-level child caregivers is
A. specialist.
B. teacher.
C. teacher assistant.
D. associate teacher.

_______ 2. By earning a Child Development Associate (CDA) credential or an associate degree, a child caregiver could be hired as a/an
A. specialist.
B. teacher.
C. teacher assistant.
D. associate teacher.

_______ 3. The job of child care specialist could be reached by having
A. a master's degree in early childhood education/child development.
B. a doctor's degree in early childhood education/child development.
C. Level 3 classification (teacher) plus three years experience in child care.
D. all of the above.

_______ 4. To be "professional" means to
A. be employed.
B. have a graduate degree.
C. belong to an educational association.
D. be dedicated and ethical on the job.

_______ 5. An entry-level child caregiver should share important confidential information about a child or a child's family only with
A. co-workers.
B. parents.
C. a supervisor.
D. the departure-time caregiver.

_______ 6. An important quality of a child caregiver is being
A. in good health.
B. female.
C. young.
D. all of the above.

_______ 7. When applying for a job in child care, take along
A. a parent or teacher.
B. your childhood vaccination record.
C. your high school diploma.
D. your social security number and birth certificate.

_______ 8. A basic rule for keeping a job in child care is to

A. follow the rules and procedures established for the program in which you are working.
B. make the children happy at all times.
C. follow the discipline principles used in your home.
D. all of the above.

_______ 9. The Child Development Associate (CDA) credential recognizes competence in child care workers based on

A. three years experience as a parent.
B. abilities and experience.
C. years of college training.
D. continuous employment as a child caregiver for one year.

_______ 10. Characteristics of a good child care worker include

A. entertaining children for hours.
B. babysitting regularly.
C. communicating well with children and adults.
D. having years of experience as a teacher.

CHAPTER 3 TEST
The Child Care Center

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. The director of a child care center (who is not the owner of the center) reports directly to the owner of the center or to a
A. licensing agency.
B. franchise operation.
C. child development associate program.
D. board of directors.

_______ 2. Teacher assistants (child care aides) report directly to the
A. director.
B. teacher.
C. age-level coordinator.
D. arrival-time caregiver.

_______ 3. When an emergency happens at a child care center, the caregiver who sees it first should
A. alert another caregiver to seek help immediately.
B. take immediate action, according to the center's emergency plan, to protect the child or children affected by the emergency.
C. be prepared to perform duties not normally assigned to himself or herself until a supervisor arrives.
D. all of the above.

_______ 4. In case of emergency evacuation at a child care center, a designated caregiver should take
A. copies of the center's emergency procedures and the state licensing standards.
B. food, art supplies, and an assortment of toys.
C. the day's attendance record and the emergency file of parents' names, addresses, and phone numbers.
D. all of the above.

_______ 5. Most child care centers use multi-age groupings
A. at arrival and departure times.
B. on the playground.
C. at story time.
D. all of the time.

_______ 6. At departure time, the teacher assistant should
A. answer all of a parent's questions.
B. tell the parent everything about the child's behavior that day at the center.
C. refer parents to a supervisor if they seek information the teacher assistant is not assigned to give.
D. involve the children in an activity that they will want to stay and finish.

_______ 7. Record keeping, as opposed to reporting, means that certain information should be
A. written down.
B. sent to the licensing agency.
C. told to the supervisor.
D. sent to the director.

_______ 8. The best defense against personal child care liability is
A. keeping center policies and procedures on file.
B. knowing and following center policies and procedures.
C. not reporting information about a child's safety.
D. protection by the center's liability insurance.

_______ 9. Being responsible financially and/or legally for injury to a person is called
A. a breach of contract.
B. a subordinate relationship.
C. liability.
D. confidentiality.

_______ 10. When a child caregiver finds unusual cuts, bruises, burns, or other marks on a child's body, these are signs of possible
A. social abuse.
B. physical abuse.
C. emotional abuse.
D. social neglect.

_______ 11. Failure to keep a child clean and properly fed is an example of
A. social abuse.
B. physical abuse.
C. emotional abuse.
D. liable.

_______ 12. A child caregiver who suspects that a child has been abused should
A. talk with the child's parents.
B. talk about it with other co-workers.
C. ask the child questions about the abuse.
D. report it to the supervisor.

CHAPTER 4 TEST
Influences on the Development of Children

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. The main influence on a child's overall development is
A. culture.
B. peer pressure.
C. the family.
D. television.

_______ 2. Learning to adjust to surroundings and relate to others is called
A. emotional development.
B. social development.
C. mental development.
D. physical development.

_______ 3. A child's self-image is a positive one if
A. he or she feels worthwhile and important.
B. he or she feels unimportant to anyone.
C. his or her family has a good income.
D. all of the above.

_______ 4. In order to communicate properly with parents, caregivers should
A. learn about family differences.
B. develop good listening skills.
C. refer appropriate questions to the supervisor.
D. all of the above.

_______ 5. The family formed when one parent marries a new spouse is called a/an
A. nuclear family.
B. blended family.
C. extended family.
D. single-parent family.

_______ 6. Schools, neighborhoods, religious groups, friends, communities, and the government all influence children and are called
A. culture.
B. society.
C. socialization.
D. social institutions.

_______ 7. When children's friends influence the ideas and values taught by parents, the group influence is called
A. developmental regression.
B. socialization.
C. peer pressure.
D. all of the above.

_______ 8. In order to work better with children, a child care worker should pay most attention to
A. the family's income level.
B. communicating with parents.
C. the size of the family.
D. the number of siblings in the family.

_______ 9. The sex of a child may influence his or her development mainly because
A. boys should play with guns and tools.
B. girls should play with dolls.
C. people may treat boys and girls differently.
D. all of the above.

_______ 10. A way of life shared by members of a society is called
A. culture.
B. a social institution.
C. ethnic background.
D. morality.

CHAPTER 5 TEST
A Wholesome Child Care Environment

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. The minimum standards for the physical environment of child care centers are set by
A. the boards of directors.
B. the child care centers.
C. licensing agencies and governments.
D. owners of the child care centers.

______ 2. A positive emotional environment is seen in a child care center through
A. a quiet, peaceful noise level.
B. friendliness, trust, fun, and respect.
C. a variety of classroom learning centers.
D. active children and caregivers.

______ 3. All of the following are examples of suitable indoor learning center activities **except**
A. carpentry.
B. reading, music, story, and library.
C. large wheeled toys.
D. shopping center or store.

______ 4. Children whose actions include excessive crying, temper tantrums, aggression, thumb-sucking, toileting accidents, or withdrawal may be showing symptoms of
A. emotional stress.
B. being self-centered.
C. a positive self-image.
D. all of the above.

______ 5. In order to provide a sense of structure and organization for children, it is best for child caregivers to
A. let children agree on limits.
B. set very few limits.
C. set limits regarding the physical environment.
D. set consistent limits.

______ 6. The physical, social, emotional, and intellectual environments are
A. not affected by each other.
B. not affected by each other, except for physical and emotional.
C. affected by the quality of each other.
D. affected only by indoor and outdoor space available.

______ 7. Of the choices listed below, the most important aspect of child development is
A. helping children gain a positive self-image.
B. learning to keep personal items in storage space.
C. learning to run and jump by age four.
D. learning to use wheeled toys.

_______ 8. Because of the noise and physical activity level caused by use of large-muscle toys, their use is
A. best suited to the classroom.
B. best suited to the outdoor learning area.
C. more appropriate for learning center activities.
D. not suitable for toddlers.

_______ 9. Equipment and supplies should be stored near the place they will be used and organized
A. to keep children away from them.
B. so the children can get them out and put them up easily.
C. in case of fire or other emergencies.
D. for inventory purposes.

_______ 10. Time alone activities
A. help children develop independence.
B. are especially good for infants.
C. are better for toddlers than group activities.
D. help children develop social skills.

CHAPTER 6 TEST
Health Awareness and Response

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. The health status of children affects their
A. physical development.
B. mental development.
C. emotional/behavioral development.
D. all of the above.

_______ 2. Healthy children
A. enjoy only group activities.
B. have a negative self-image.
C. are active, alert, and often noisy.
D. have shortened attention spans.

_______ 3. Communicable diseases
A. can be passed from one person to another.
B. cannot be passed from one person to another.
C. tend to increase as a child gets older.
D. are caused by electrical problems in the brain.

_______ 4. Common diseases in group child care settings are
A. diabetes and epilepsy.
B. cystic fibrosis and hyperglycemia.
C. AIDS and allergies.
D. colds, diarrhea, and impetigo.

_______ 5. Symptoms of the common cold include
A. vomiting and diarrhea.
B. fatigue, blisters, and severe itching.
C. runny nose, sneezes, and being overly tired.
D. all of the above.

_______ 6. Illnesses which tend to worsen as a child gets older are called
A. psychomotor seizures.
B. progressively severe illnesses.
C. contagious diseases.
D. handicapping conditions.

_______ 7. A caregiver in charge of a sick child should
A. cover the child with a heavy blanket immediately.
B. check on the child between doing other duties.
C. give the child medication.
D. locate family and health information, when requested by supervisor.

_______ 8. The best way to help a medically special child feel normal is to
A. keep the child separated from other children.
B. help him or her do things when other children are not watching.
C. expect independence and avoid giving the child special privileges.
D. none of the above.

_______ 9. A child taking medication for allergic conditions often
A. becomes nauseous and vomits.
B. is drowsy.
C. needs a sugar snack to avoid becoming ill.
D. has jaundice, fever, and pain in the joints.

_______ 10. When a child goes into a diabetic coma or epileptic seizure,
A. give medication immediately.
B. order other children from the room.
C. give a low sugar content fluid.
D. call for medical help.

CHAPTER 7 TEST
Healthy Child Care Procedures

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. Screening and other health assessment methods are especially important in detecting
A. salmonellosis.
B. progressively severe illnesses.
C. mental illness.
D. food-borne illnesses.

______ 2. The best way to fight illness is to
A. take medication.
B. visit a specialist.
C. prevent it.
D. take vitamins and rest.

______ 3. Classroom temperatures that are too warm or too cool may contribute to
A. upper respiratory illnesses.
B. impetigo.
C. salmonellosis.
D. vomiting and diarrhea.

______ 4. The best way to encourage children to dress themselves is to choose clothing
A. which is colorful.
B. which can easily be removed by the caregiver.
C. and make them practice removing clothes.
D. which is appropriate for their level of development.

______ 5. Sanitation
A. refers to actions taken to protect people from disease.
B. is a certain type of trash container.
C. is a washable surface in a crib area.
D. is only necessary in food service areas.

______ 6. Symptoms of salmonellosis or staphylococcus food poisoning are
A. coughing, fever, and chills.
B. nausea, vomiting, and diarrhea.
C. coughing, fever, and diarrhea.
D. abdominal pain, body aches, and fluid in the joints.

______ 7. It is the responsibility of parents to
A. see that children are immunized.
B. give permission for children to have screening tests.
C. provide up-to-date health records.
D. all of the above.

______ 8. Immunizations
- A. help the body fight all diseases except mumps.
- B. are required before a newborn can leave the hospital.
- C. help the body develop its own defenses against disease.
- D. are not required at all in some states.

______ 9. Which of the methods below correctly teaches a health concept to young children?
- A. a lecture on handwashing
- B. punishing a child for having dirty fingernails
- C. having children practice covering their mouths when coughing
- D. all of the above

______ 10. The most important reason for keeping accurate health records is so caregivers can
- A. provide the best health and emergency care for children.
- B. be sure children are immunized.
- C. share accurate information with other individuals.
- D. inform other employees how and when to use or contribute to the recordkeeping system.

CHAPTER 8 TEST
Safety

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. All of the following groups influence the safety regulations for child care centers except
A. governmental and funding agencies.
B. the legal profession.
C. the public school system.
D. insurance companies.

______ 2. A safe indoor child care environment should **not** have
A. clear traffic paths.
B. tall shelves and room dividers.
C. uncrowded room arrangements.
D. child-size tables and chairs.

______ 3. The outdoor child care environment should have
A. equipment and play areas close together for better supervision.
B. movable playground equipment for flexibility.
C. several interesting play areas to prevent crowding.
D. hard surfaces to prevent slipping.

______ 4. A safety check tour should
A. be done room-by-room.
B. be rotated by time of day.
C. be rotated by type of activity.
D. all of the above.

______ 5. Caregiver safety inspectors should look for hazards that could cause suffocation, drowning, poisoning, cuts, and falls
A. from a child's point of view.
B. at the request of the fire department.
C. when they have time.
D. only when told by their supervisor.

______ 6. When caregivers locate poisonous substances that are mislabeled or improperly stored or located they should
A. discard the substance into a nearby trash container.
B. correct the problem and report findings and actions to the supervisor.
C. make a mental note to return later and correct the problem.
D. assign another caregiver to correct the problem.

______ 7. The most frequent cause of serious injuries and fatalities on the playground is
A. children hitting each other.
B. swimming pools without lifeguards.
C. falling onto hard surfaces.
D. traffic accidents.

_______ 8. Child care safety begins with a physical environment and is continued with
A. intensive training of caregivers.
B. careful supervision of children.
C. safe interactions among children and caregivers.
D. Both B and C are correct.

_______ 9. Sucking on toys or other objects is common for
A. school-age children.
B. infants.
C. preschoolers.
D. kindergartners.

_______ 10. The age groups that are sure-footed and enjoy running and doing things with their entire bodies are
A. older toddlers, preschoolers, kindergartners.
B. infants, younger toddlers, and younger preschoolers.
C. older infants, preschoolers, kindergartners.
D. all of the above.

_______ 11. The greatest danger of electrical shock occurs when
A. an adult plugs an appliance into an outlet.
B. a person touches moisture and an electrical appliance.
C. electrical outlets are located near food preparation areas.
D. matches are not kept in a locked cabinet.

_______ 12. A child care center safety hazard listed below is
A. children assisting with cooking chores in the kitchen.
B. a water heater located in a locked closet.
C. pots and pans turned away from the front of a stove.
D. cleaning rags being discarded in an outside trash dumpster.

_______ 13. The most common suffocation hazard listed below is
A. storing an old refrigerator with the door removed.
B. having young children help gather garbage in plastic trash bags.
C. serving foods such as soup and ice cream.
D. children using jump ropes when supervised by an adult.

CHAPTER 9 TEST
Handling Emergencies

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. It is in the best interest of children for caregivers to
A. react emotionally to emergencies.
B. be trained in first aid by watching others.
C. follow strict center emergency policies and procedures.
D. call local authorities for help in all emergencies.

______ 2. When evacuating children from a building during a fire, a procedure that should be observed is to
A. check to be sure evacuation is necessary before leaving the building.
B. send the children out to their assigned place at least 100 feet away from the building.
C. count the children before leaving the room and again outside.
D. all of the above.

______ 3. A fire extinguisher labeled ABC would put out
A. wood, paper, and rubbish fires.
B. live electrical equipment fires.
C. gas, grease, and other liquid fires.
D. all of the above.

______ 4. An attention alert signal is a
A. three to five-second, steady, high-pitched tone.
B. warning shown on the bottom of a television screen.
C. report of dangerous weather given by a weatherman.
D. fire warning system.

______ 5. During a weather or disaster emergency, caregivers should
A. remain calm and be reassuring to children.
B. call local TV stations for information and assistance.
C. call parents to pick up their children.
D. shut off all utilities until the emergency is over.

______ 6. The first method a caregiver should use to stop severe bleeding is
A. apply pressure at pressure points.
B. apply pressure to the wound.
C. apply a tourniquet.
D. none of the above.

______ 7. A person giving artificial respiration to a child may stop when
A. the victim is not breathing after six minutes.
B. the victim's heart stops beating.
C. emergency personnel need to be called.
D. medical personnel arrive and take over.

_______ 8. Cold, moist, and pale or bluish skin and a weak and rapid pulse are symptoms of
A. poisoning.
B. head or back injury.
C. shock.
D. allergy.

_______ 9. First aid procedures for shock include
A. keeping the victim warm using a hot water bottle or heating pad.
B. giving the victim fluids if nauseated.
C. turning the victim on his or her stomach to maintain breathing
D. none of the above.

_______ 10. Headaches, dizziness, drowsiness, blurred vision, vomiting, and unconsciousness may be delayed symptoms of
A. poisoning.
B. head injury.
C. shock.
D. severe blood loss.

_______ 11. Child care medical emergencies should be
A. reported to a supervisor.
B. reported to the child's parent.
C. recorded in the child's health record.
D. all of the above.

CHAPTER 10 TEST
Daily Routines

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Established routines help children
A. feel secure and know what to expect.
B. learn a sense of "time."
C. to learn and practice helping themselves.
D. all of the above.

_______ 2. Information shared in informal communication between parent and caregiver during arrival time
A. may be valuable in helping caregivers understand a child's behavior.
B. should always be written in the child's permanent record.
C. is not important to daily routines.
D. should always be discussed with the child.

_______ 3. A major concern of caregivers on duty at arrival and departure is
A. the safety of the children.
B. positive communications with parents.
C. a constructive learning atmosphere for children.
D. all of the above.

_______ 4. One of the purposes of the daily health check, whether formal or informal, is to
A. threaten children into performing better hygiene routines.
B. prevent the spread of illness among the children.
C. determine if parents are doing a good job of teaching hygiene skills at home.
D. isolate children with poor hygiene from the rest of the children.

_______ 5. Caregivers can best help children improve skills in handwashing, toothbrushing, hair combing, and hair brushing by
A. modeling and positive reinforcement.
B. scolding them when they forget.
C. rewarding them with snacks or food treats.
D. all of the above.

_______ 6. Probably the most important hygiene practice for children to learn is
A. hair brushing.
B. handwashing.
C. hair washing.
D. none of the above.

_______ 7. Meal and snack time should include
A. simple rules that establish a workable routine.
B. rules which do not allow talking at the table.
C. food rewards for those who clean their plates.
D. requiring children with bad behavior to go without snacks.

_______ 8. Toileting routines should take place
A. in large groups.
B. just after arrival.
C. before and after nap time.
D. only when children ask to use the toilet.

_______ 9. Caregivers should plan the beginning of the rest period so that
A. older children can play games in the room while younger ones sleep.
B. a quiet period of stories or poetry comes before nap time.
C. a period of hard play or exercise comes before nap time so children will be tired.
D. children can sleep in a different place every day.

_______ 10. Housekeeping chores at a child care center
A. are all the responsibility of the janitorial staff.
B. should all be done by caregivers, not children.
C. are best done at the end of the day rather than wasting learning time.
D. none of the above.

_______ 11. Confusion and disruptive behavior often occur between activities
A. when the season changes from winter to spring.
B. if one child arrives late.
C. when transitions are not well-planned and smooth.
D. all of the above.

CHAPTER 11 TEST
Principles and Areas of Development

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. Sensitive periods
- A. occur when children get their feelings hurt easily.
- B. happen if caregivers cannot cope with children's emotions.
- C. are times when a child is affected the most by certain influences.
- D. all of the above.

______ 2. Developmental stages
- A. are stages through which only infants progress.
- B. are a sequence of stages that can be predicted.
- C. happen when children reach school-age.
- D. are determined by the activities which caregivers plan for children.

______ 3. If a child does not master a developmental task
- A. he or she may not move on to the next level of development.
- B. he or she will mature faster than other children.
- C. his or her physical development will slow down.
- D. his or her small (fine) muscles will develop before large (gross) muscles.

______ 4. An example of a developmental task of infancy and early childhood is
- A. learning to talk.
- B. learning to eat solid food.
- C. learning to relate emotionally to others.
- D. all of the above.

______ 5. Children's physical development occurs
- A. from the center toward the outside of the body.
- B. from the head downward.
- C. from the outside toward the center of the body.
- D. both A and B are correct.

______ 6. Which of the following is a principle for normal motor development in children?
- A. Activities such as eating with a spoon and hammering nails show large muscle development.
- B. Activities such as walking, running, and climbing show small muscle control.
- C. Large muscle control develops before small muscle control develops.
- D. Small muscle control develops before large muscle control develops.

______ 7. An infant's first learning happens
- A. through the senses.
- B. when enrolled in a child care program.
- C. by putting together puzzles.
- D. through crawling and creeping.

_______ 8. An important part of mental development is
A. sharing toys with another child.
B. talking (language).
C. walking without assistance.
D. both B and C are correct.

_______ 9. A good indication of a child's progress in social development can be seen in how he or she
A. walks.
B. plays.
C. speaks.
D. eats.

_______ 10. All emotions, both positive and negative, should be considered
A. something children should learn to hide.
B. important mainly at the preschool-age when children control their emotions.
C. parts of a child's normal development.
D. all of the above.

CHAPTER 12 TEST
Physical Development

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Maturation refers to
- A. size of a child.
- B. growth of a child.
- C. the ability to function properly.
- D. the stage when puberty begins.

_______ 2. A major developmental task of infancy and toddlerhood is
- A. learning to be less willful.
- B. learning to be less selfish.
- C. growing more nerve cells.
- D. gaining voluntary control over physical actions.

_______ 3. When an infant is one month ahead of the norms in achieving a motor skill like crawling, it means
- A. the infant is more intelligent than average.
- B. the infant is less intelligent than average.
- C. little in terms of overall development.
- D. professional help should be sought.

_______ 4. Compared to growth during infancy and toddlerhood, growth during early childhood
- A. stays the same.
- B. slows down.
- C. speeds up.
- D. speeds up and slows down.

_______ 5. Motor development during early childhood involves
- A. gaining better control over muscles and using gross and fine motor skills together.
- B. only gaining control over the trunk.
- C. only the use of gross motor skills.
- D. all of the above.

_______ 6. A factor which stimulates development of the nervous system is
- A. use of the senses.
- B. sensitive caregivers.
- C. good nutrition.
- D. all of the above.

_______ 7. Common illnesses for preschoolers are
- A. upset stomachs, colds, and meningitis.
- B. upset stomachs, polio, and tetanus.
- C. colds, whooping cough, and diphtheria.
- D. upset stomachs, colds, and ear infections.

_______ 8. Preschoolers usually need

A. ten to twelve hours of sleep at night plus a nap during the day.
B. eight hours of sleep at night plus a nap during the day.
C. ten to twelve hours of sleep at night but no nap during the day.
D. to control their own sleeping schedules.

_______ 9. Good infant nutrition depends on

A. enough calories, proteins, fats, carbohydrates, vitamins, and minerals.
B. beginning solid food by the third month.
C. a carefully scheduled plan exactly followed.
D. taking vitamin supplements.

_______ 10. During the preschool years, children need

A. the same amount of protein per pound of weight as adults need.
B. more protein per pound of weight than adults need.
C. less protein per pound of weight than adults need.
D. little, if any, protein.

_______ 11. In order for a child to inspect and explore surroundings, a toddler learns to use

A. the ability to creep.
B. control of the trunk.
C. eye-hand coordination.
D. the ability to run.

_______ 12. An infant should be fed by

A. a caregiver holding the infant.
B. propping a bottle in the infant's crib.
C. a strict schedule, every five hours.
D. a strict routine, three times each day.

CHAPTER 13 TEST
Emotional and Social Development

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Which of the following is **not** true of self-concept?
A. Self-concept is how children view themselves.
B. Self-concept begins in infancy and is affected by how adults meet the infant's needs.
C. Self-concept is impossible to overcome if negative.
D. Self-concept is influenced during the preschool years.

_______ 2. The emotional development of infants and toddlers
A. is not affected by inherited traits.
B. is not affected by the environment.
C. involves temperament, trust, and fears.
D. is affected only by the amount of care given by caregivers.

_______ 3. A toddler's normal reaction during his or her newly found sense of autonomy (independence) is
A. separation anxiety.
B. negativism.
C. stranger anxiety.
D. consistency.

_______ 4. Discipline means
A. punishing children when they do something wrong.
B. protecting children from harm caused by outsiders.
C. guiding and teaching children to be responsible for their own behavior.
D. all of the above.

_______ 5. Caregivers should be aware of gender biases such as
A. encouraging boys to play with trucks instead of dolls.
B. encouraging girls to excel in art instead of running.
C. encouraging girls, but not boys, to keep their clothes clean.
D. all of the above.

_______ 6. Extended family members
A. can have a positive effect on a child's developing self-concept.
B. include grandparents, cousins, neighbors, and peers.
C. do not affect development since they are not around the child as much as parents.
D. mainly teach children how to relate to their peers.

_______ 7. Infants learn trust through
A. seeing themselves separate from their caregivers.
B. how their peers act toward them.
C. adults recognizing and meeting their basic needs.
D. all of the above.

_______ 8. Which statement that follows might help caregivers avoid getting negative responses from a toddler?
A. Do you want to shop for new shoes today?
B. Do you want to take your bath or brush your teeth first?
C. Are you ready to get ready for bed?
D. Do you want cereal for breakfast?

_______ 9. In school-age children
A. emotional, social, intellectual, and physical factors of development are not related.
B. hormonal changes cause emotions to be calmer.
C. self-image may be affected by outward signs of maturity.
D. loss of confidence in physical control is normal.

_______ 10. Gaining skill and ability in social situations involves
A. gaining a variety of social skills.
B. learning to understand another person's point of view.
C. learning the rules of society.
D. all of the above.

_______ 11. When caring for children, nurturing roles should be carried out by
A. brothers and sisters.
B. mothers.
C. fathers, uncles, and grandfathers.
D. all of the above.

_______ 12. A good response by a caregiver to a preschool child's fear might be to
A. explain the difference between reality and fantasy.
B. provide support and encouragement and show the child that you are not afraid.
C. explain that symbolic thought will help the child to not be afraid.
D. discipline the child until the fear goes away.

CHAPTER 14 TEST
Mental/Intellectual Development

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. Intelligence and cognition
A. relate to intellectual development in completely different ways.
B. have the same basic meaning and can be used interchangeably.
C. do not have the same meaning.
D. none of the above.

______ 2. Infants deprived of loving contact
A. will have birth defects.
B. will mature morally just as other children.
C. may suffer slower mental development.
D. have a clearer understanding of childhood needs.

______ 3. In the sensorimotor stage
A. intellectual development involves coordinating motor skills and senses.
B. intellectual development involves learning identities.
C. moral development takes place.
D. physical growth of the brain does not change.

______ 4. Symbolic thought appears during the last part of the
A. concrete operations stage.
B. sensorimotor stage.
C. formal operations stage.
D. preoperational stage.

______ 5. Language development begins
A. in the stage of formal operations.
B. in the preoperational stage.
C. with the cries of newborn infants.
D. only after a child shows egocentrism.

______ 6. Good judgement in young children
A. is influenced by mental abilities.
B. is learned during the sensorimotor stage.
C. has nothing to do with intellectual development.
D. is not related to egocentrism.

______ 7. The concrete operations stage
A. occurs between the ages of two and seven.
B. involves more complex logic, language, and moral concepts.
C. allows for children to think in an abstract way about "what might be."
D. is based on coordinating motor skills and the senses.

_______ 8. Classification, conservation, and seriation are skills developed in the
A. formal operations stage.
B. preoperational stage.
C. concrete operations stage.
D. sensorimotor stage.

_______ 9. Formal operations
A. come before the preoperational stage.
B. are connected with the beginning of abstract thought.
C. result from learning circular reactions.
D. occur between the ages of seven and thirteen.

_______ 10. Children usually have better language development when
A. they grow up in a city.
B. they start to school at an early age.
C. they learn to explain a process.
D. they have been talked to, read to, and listened to.

CHAPTER 15 TEST
Teaching Strategies

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. With young children, "teachable moments" most often happen through
A. field trips.
B. music learning centers.
C. daily routines.
D. science (discovery) learning centers.

_______ 2. The learning centers in child care programs should
A. be planned to meet specific goals.
B. be planned around favorite activities of the teacher.
C. be set up at child-sized tables.
D. all have computers.

_______ 3. The learning center that is needed for both outdoor and indoor play areas is
A. art.
B. quiet time.
C. manipulative play.
D. wheeled toys.

_______ 4. Besides teaching original and creative thought, art activities mainly help children
A. increase sensory abilities.
B. learn to solve problems.
C. develop large motor skills.
D. make career choices.

_______ 5. Space and equipment needs in the block area should be determined by
A. the sizes, shapes, and colors of the blocks.
B. ages of the children.
C. number of boys in relation to the number of girls.
D. all of the above.

_______ 6. During dramatic play, children can learn about
A. spatial relationships and seriation.
B. eye-hand coordination.
C. interaction with others.
D. all of the above.

_______ 7. Social and emotional development is the major goal of the
A. wheel toy learning center.
B. art learning center.
C. dramatic play center.
D. computer center.

______ 8. The language arts learning center primarily develops
A. small motor skills.
B. mental abilities.
C. sex role identification.
D. a child's concept of time.

______ 9. One of the most important outdoor learning centers is the
A. woodworking learning center.
B. swinging learning center.
C. slide learning center.
D. sand and water learning center.

______ 10. Field trips
A. enrich the curriculum.
B. help children learn about the world.
C. provide first hand knowledge and observations.
D. all of the above.

CHAPTER 16 TEST
Newborns and Infants

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. Infants are children between the ages of
A. birth to 8 months.
B. 2 to 12 months.
C. birth to 18 months.
D. birth to 12 months.

______ 2. The care of infants should center around
A. their physical routines and needs.
B. emotional and social development.
C. the concept of object permanence.
D. developing self-centeredness.

______ 3. Infants develop emotional security through
A. differentiation.
B. object permanence.
C. relations with others.
D. none of the above.

______ 4. An infant's personal style of behavior is called
A. temperament.
B. differentiation.
C. object permanence.
D. locomotion.

______ 5. Teaching strategies which would help an infant learn the concept of object permanence might include
A. tickle games.
B. "touch your nose" games.
C. "peek-a-boo" games.
D. all of the above.

______ 6. Most infants 4 to 8 months old will be able to do all of the following except
A. sit without aid from a caregiver.
B. walk with assistance.
C. creep along the floor.
D. grasp an object with entire hand.

______ 7. Teaching strategies which encourage language development in infants might include
A. repetition games.
B. identification games.
C. reading aloud to them.
D. all of the above.

______ 8. Small motor skills such as grasping small objects, stroking, and pinching are usually developed between the ages of
A. birth to 4 months.
B. 4 to 8 months.
C. 8 to 12 months.
D. 12 to 16 months.

______ 9. Teaching strategies which would aid emotional and social development in infants might include
A. making infants do the right thing.
B. praising positive behavior.
C. punishing negative behavior.
D. teaching infants the rules of social behavior.

______ 10. Reflexive behavior results from
A. intellectual development.
B. communication development.
C. social development.
D. emotional development.

______ 11. An example of an environmental influence on prenatal development is
A. poor nutrition of the mother.
B. drugs or other chemicals.
C. the measles virus.
D. all of the above.

______ 12. Adjustments in the body systems of the neonate include all of the following **except**
A. regulation of body temperature.
B. normal circulation of the blood.
C. stable heart rate and blood pressure.
D. rapid weight gain in the first few days.

______ 13. Physical traits of the newborn include the following **except**
A. ability to control sphincter muscles.
B. states such as dozing, crying, and deep sleep.
C. reflexes such as breathing, coughing, and yawning.
D. use of senses such as seeing light and dark.

CHAPTER 17 TEST
Toddlers

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. Toddlerhood occurs between the ages of
A. 24 months to 5 years.
B. 12 months to 1 year.
C. 12 months to 36 months.
D. none of the above.

______ 2. What mental concept is important to the mental/intellectual development of toddlers?
A. object permanence
B. ability to walk or crawl
C. muscle control
D. learning to feed themselves

______ 3. Between 12 to 18 months, toddlers usually
A. are positive about others controlling their behavior.
B. feel emotions of dependence and independence.
C. want to share toys with other toddlers.
D. none of the above.

______ 4. Toddlers
A. cannot identify themselves in a mirror.
B. most often play alone.
C. use words in full sentences.
D. all of the above.

______ 5. The time in toddlerhood when children are gaining more control over large muscle functions and continuing to develop fine motor skills (although preferring large muscle activities) is
A. 12 to 18 months.
B. 18 to 24 months.
C. 24 to 30 months.
D. 30 to 36 months.

______ 6. Most toddlers 18 to 24 months old will be able to do all of the following **except**
A. give their full names.
B. climb up and down the stairs.
C. walk forward, backward, and sideways.
D. twist lids off of jars.

______ 7. Most toddlers are ready for toilet training between the ages of
A. 12 to 18 months.
B. 18 to 24 months.
C. 24 to 30 months.
D. 30 to 36 months.

_______ 8. Telegraphic speech would be best characterized by which sentence below?
A. My arm is hurting.
B. That kid just hit me.
C. See car go.
D. Is it nap time yet?

_______ 9. A good toy for pretend play during late toddlerhood is
A. a puzzle.
B. a toy phone.
C. a rattle.
D. a television.

_______ 10. As they approach their third birthdays, toddlers will
A. spend more time eating, sleeping, and dressing.
B. play by themselves more often.
C. understand most of all language they hear.
D. know between 20 and 40 words.

CHAPTER 18 TEST
Preschoolers

DIRECTIONS: For each item, place the letter of the best answer in the blank to the left of the item.

______ 1. Preschoolers are children between the ages of
A. 4 to 6 years.
B. 2 to 5 years.
C. 3 to 5 years.
D. 2 to 4 years.

______ 2. Norms
A. are what is average for different age groups.
B. tell caregivers how all children will develop.
C. tell ages at which children will reach certain levels of development.
D. all of the above.

______ 3. All of the following describe physical development in most three-year-olds **except**
A. steady growth.
B. improving balance.
C. toilet trained.
D. no sense of rhythm.

______ 4. Three-year-olds
A. have an expanding memory.
B. usually have best friends.
C. have a fairly long attention span.
D. write with pencils easily.

______ 5. Encouraging children to talk about fears and reinforcing positive behaviors are examples of teaching strategies for
A. mental/intellectual development.
B. emotional/social development.
C. language development.
D. physical development.

______ 6. The process of thinking abstractly usually begins to develop at
A. age three.
B. age four.
C. age five.
D. age six.

______ 7. Most five-year-olds can concentrate on one activity
A. no more than five minutes.
B. 15 to 20 minutes.
C. 30 minutes or more.
D. for one hour.

_______ 8. Teaching strategies for the physical development of five-year-olds might include
A. "beanbag toss" games.
B. "four square" games.
C. musical and movement activities.
D. all of the above.

_______ 9. . All of the following are characteristics of five-year-olds except
A. cooperative and friendly.
B. improved small muscle coordination.
C. use two to three-word sentences.
D. a sense of humor.

_______ 10. All of the following are characteristics of four-year-olds except
A. emotional independence.
B. improved control of large muscles.
C. physically hard to control and noisy.
D. enjoy playing with other children.

CHAPTER 19 TEST
School-Age Care

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Most children in school-age care are
A. 18 months to 2 years old.
B. 6 through 9 years old.
C. 5 through 15 years old.
D. all of the above.

_______ 2. All of the following are characteristics of school-age children **except**
A. prefer quiet activities instead of active sports.
B. like games such as jacks that use small muscles.
C. feel that friends are very important.
D. enjoy real conversations with adults.

_______ 3. With school-age children, caregivers should be aware of the following developmental problems **except**
A. overactive behavior.
B. vision and hearing problems.
C. destructive behavior.
D. quiet behavior.

_______ 4. A staff/child ratio is
A. the number of hours a staff person spends with a child compared with the total hours the child is at the child care facility.
B. the number of children enrolled for each caregiver on the staff.
C. a measure of the staff's ability to control children.
D. all of the above.

_______ 5. Which of the following is **not** a factor to include in planning space use for a child care facility?
A. easy movement between indoor and outdoor play areas
B. a home base area
C. access to a kitchen
D. observation booths for caregivers

_______ 6. The main purpose of teaching with creative drama is to
A. teach children to perform plays for audiences.
B. teach children to talk to each other.
C. help children to put ideas and feelings into physical actions.
D. all of the above.

_______ 7. Helping children to care for living things teaches
A. them to be humane and gentle.
B. responsibility.
C. about life cycles of living things.
D. all of the above.

______ 8. An advantage of summer school-age programs is
A. more time for different opportunities.
B. more chances to move activities more quickly.
C. chances for mostly indoor activities.
D. the chance for shorter-range projects.

______ 9. A major guideline to remember in working with school-age children is to
A. push children to perform as quickly as possible.
B. apply guidance principles to fit their developmental levels.
C. enforce the rule against having clubs.
D. insist that children complete their activities in groups.

______ 10. Older school-age children are best challenged by
A. projects requiring use of large motor skills.
B. make believe.
C. working by themselves on activities.
D. real-life projects and activities.

CHAPTER 20 TEST
Development in Children with Special Needs

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Special needs in children may be caused by
A. environmental factors.
B. hereditary factors.
C. both environmental and hereditary factors.
D. neither environmental nor hereditary factors.

_______ 2. In contrast to other children, for learning, the mentally retarded child needs more
A. repetition.
B. time.
C. step-by-step instructions.
D. all of the above.

_______ 3. Most common traits of children with learning disabilities include
A. hyperactivity, perception problems, and poor memory.
B. greater than average ability to learn, reason, and create.
C. profound or severe mental retardation.
D. blindness, hearing problems, and allergies.

_______ 4. An example of a sensory handicapping condition is
A. having a learning disability.
B. having a prosthesis.
C. being hyperactive-aggressive.
D. being partially sighted.

_______ 5. Which of the following guidance techniques is **not** appropriate for children with special needs?
A. Plan and adjust the environment to maximize each child's potential.
B. Show sympathy by doing tasks for the child.
C. Stress similarities among children, not differences.
D. Help each child learn self-help skills.

_______ 6. Gifted children often show advanced development in
A. thinking, reasoning, and creating.
B. height, weight, and strength.
C. hopping, skipping, and jumping.
D. all of the above.

_______ 7. The caregiver plays an **active** role in
A. assessment of special needs.
B. diagnosing special needs.
C. observing for special needs.
D. labeling special needs.

______ 8. The recommendations of special needs professionals should be
A. the responsibility of parents.
B. the responsibility of health professionals.
C. reviewed by the child care screening committee.
D. followed by the caregiver.

______ 9. In a mainstreamed environment, children with special needs are
A. grouped by the nature of their special need.
B. grouped by their intellectual ability.
C. cared for in a regular child care or educational setting.
D. cared for in a special child care or educational setting.

______ 10. In a mainstreamed environment for children with visual or physical handicaps,
A. keep the room arrangement fairly constant.
B. decrease variety in play equipment.
C. provide play equipment to be used only by the special needs children.
D. avoid group activities.

______ 11. To promote positive interactions in a mainstreamed child care environment,
A. separate gifted and talented children from other special needs children.
B. use structured transition activities.
C. plan small group experiences that require the participation of all children in the group.
D. call attention to individual differences of special needs children.

CHAPTER 21 TEST
Guidance and Child Behavior

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Positive guidance techniques include
A. helping children control their own behavior.
B. telling children what to do.
C. punishing children for wrong behavior.
D. using personal ideas about what appropriate behavior is.

_______ 2. Actions and reactions which start from thoughts and feelings make up
A. community values.
B. intellectual development.
C. behavior.
D. developmental skills.

_______ 3. Guidance techniques can promote
A. prosocial behavior.
B. moral development.
C. self-concept development.
D. all of the above.

_______ 4. When adults do not recognize and encourage appropriate behavior, children may
A. need stimulation of new experiences.
B. resort to problem behavior.
C. develop autonomy.
D. exhibit self-control.

_______ 5. The first step in dealing with problem behavior is
A. objective observation.
B. gaining control of the situation.
C. calling the child's parents.
D. punishing the child fairly.

_______ 6. Caregivers should
A. always follow personal assumptions about inappropriate behavior.
B. base their values on community values only.
C. follow different guidance policies for different children.
D. always follow the center's guidance policy.

_______ 7. Which principle below does **not** make up a positive child guidance philosophy?
A. Effective communication is essential between child and caregiver.
B. Children must experience the consequences of their actions.
C. Children must always be told what to do in order to achieve the fullest benefits from activities.
D. Children deserve respect from adults and from other children.

______ 8. Which of the following is **not** a general guidance guideline?
A. Model positive behavior.
B. Encourage initiative.
C. Communicate at the child's level.
D. None of the above.

______ 9. Prosocial behaviors are
A. things done to help other people.
B. skills used by children at parties.
C. methods of apologizing to others.
D. ways to promote conflict.

______ 10. Adults should respond to aggressive behaviors
A. by ignoring them.
B. with immediate, intimidating behavior.
C. with equally aggressive behavior.
D. in non-aggressive ways.

______ 11. Appropriate strategies for dealing with children's aggressive behaviors include
A. interaction.
B. independence.
C. extinction.
D. self-control.

______ 12. When caregivers notice or reinforce undesirable behavior, they are practicing
A. prosocial behavior reinforcement.
B. negative reinforcement.
C. positive reinforcement.
D. undesirable reinforcement.

CHAPTER 22 TEST
Facility Management

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Minimum child/staff ratios
- A. are set by the state licensing agency.
- B. are set by each individual child care center.
- C. depend on the experience of each individual caregiver.
- D. can be set by city governing boards.

_______ 2. The main advantage of having more caregivers than the minimum standards require is
- A. children have more space for activities.
- B. each child gets more individual attention.
- C. caregivers can work better in large groups.
- D. materials last longer with smaller groups.

_______ 3. When deciding where to place learning centers, it is important to allow for
- A. easy access to the kitchen/dining area.
- B. activity and noise level of each learning center.
- C. amount of outdoor space available.
- D. enough materials for activities.

_______ 4. Boundaries between indoor learning centers
- A. keep children from going back and forth between activities.
- B. should be rigid, rather than flexible.
- C. help children tell where an activity begins and ends.
- D. all of the above.

_______ 5. Traffic flow should be routed around
- A. quiet areas.
- B. block building areas.
- C. manipulative activity areas.
- D. all of the above.

_______ 6. Planning for outdoor space differs from indoor space because
- A. large playground equipment may already be in place.
- B. there is no need for an area for quiet time.
- C. there are no state licensing standards for outdoor space.
- D. large muscle activity areas are the only ones used.

_______ 7. An adequate variety of materials can best be provided by
- A. buying the newest materials on the market.
- B. making sure there are two toys for every child.
- C. rotating or changing materials from time to time.
- D. selecting child-sized items for use by children.

_______ 8. Consistent planning of regular daily events
  A. provides an effective guide for developmental levels.
  B. helps children feel secure and self-confident.
  C. prepares children for unexpected activities.
  D. does not help with smooth transitions.

_______ 9. Flexible schedules
  A. allow children to make some choices.
  B. provide a framework for each day.
  C. provide for large blocks of unstructured time.
  D. all of the above.

_______ 10. The advantage of locating a child care facility in a stable neighborhood is that
  A. the rent on the building is less expensive.
  B. it creates a positive image.
  C. the facility will have a larger playground area.
  D. all of the above.

_______ 11. Outdoor learning space should
  A. be some distance away from the indoor facility.
  B. be level and not landscaped.
  C. provide areas for sand play, water play, wheeled toys, gardening, and running.
  D. all of the above.

_______ 12. For indoor learning space, licensing standards in Texas require at least
  A. 20 square feet per child.
  B. 30 square feet per child.
  C. 70 square feet per child.
  D. 100 square feet per child.

_______ 13. Support area space in a child care center includes
  A. administration, food service, and staff area space.
  B. entry, parent area, and observation space.
  C. housekeeping, storage, and parking space.
  D. all of the above.

CHAPTER 23 TEST
Child Care Program Organization/Administration

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

______ 1. An effective child care program director
- A. models good work habits.
- B. exhibits professional appearance and behavior.
- C. uses good time management techniques.
- D. all of the above.

______ 2. Setting program goals and objectives is a step in
- A. communicating.
- B. implementing.
- C. planning.
- D. organizing.

______ 3. The function of management which connects all other functions together is
- A. planning.
- B. communicating.
- C. implementing.
- D. evaluating.

______ 4. The child care program director has responsibility for
- A. all aspects of the child care program.
- B. the curriculum only.
- C. the health and safety program but not the curriculum.
- D. financial and facility management but not the health and safety program.

______ 5. The person with overall responsibility for setting up and maintaining records on children and their families, personnel records, and financial records is the
- A. teacher.
- B. board chairperson.
- C. caregiver.
- D. director.

______ 6. Child care licensing standards are enforced through
- A. inspections.
- B. self-reports.
- C. accrediting agencies.
- D. registration documents.

______ 7. To help assure privacy of child care and family records,
- A. each teacher should follow his or her own record keeping system.
- B. only records required by licensing standards should be kept.
- C. the director should instruct employees how to keep records confidential.
- D. records should never be shared with a child's teacher.

_______ 8. The child care program director

A. works independently of the board of directors.
B. answers to the board of directors.
C. dictates policy to the board of directors.
D. brings minor problems to the board of directors.

_______ 9. The item below that is **not** a step in starting a new child care program is to

A. formulate program philosophy, goals, and objectives.
B. follow procedures of the state licensing agency.
C. make out the payroll.
D. develop the curriculum.

_______ 10. A community child care needs assessment

A. is useful for new programs only.
B. can help determine program changes for established programs.
C. is the same as an advertising campaign.
D. all of the above.

_______ 11. Child care policies and procedures

A. should be reviewed from time to time, based on feedback.
B. should be developed and reviewed by the director alone.
C. should be communicated verbally but not distributed in written form.
D. do not need to reflect program goals or objectives.

_______ 12. To be licensed, a child care program must meet

A. local building code and zoning standards.
B. local and state health and sanitation standards.
C. state child care licensing standards.
D. all of the above.

_______ 13. In most states, child care licensing inspections are conducted once or twice a year and may be

A. unannounced.
B. revoked.
C. voluntary.
D. unreported.

_______ 14. Child care accreditation standards are usually

A. determined by the state's Department of Education.
B. determined by the state's child care licensing agency.
C. lower than state minimum licensing standards.
D. higher than state minimum licensing standards.

CHAPTER 24 TEST
Curriculum Management

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. The person who selects and guides the child care curriculum committee is the
A. board chairman.
B. owner.
C. director.
D. teacher.

_______ 2. The factor below which affects the child care curriculum is
A. services offered.
B. grouping patterns.
C. licensing services.
D. all of the above.

_______ 3. Which of the following is **not** true of an instructional program model?
A. Children learn through exploring their environment.
B. Caregivers show, or instruct, children how to do various tasks.
C. The instructional model has been incorporated into the Head Start program.
D. Children know their limits and learn to be dependable.

_______ 4. Which of the following questions should be considered in developing a center's philosophy of child caregiving?
A. How do children learn?
B. What should children wear?
C. What hours should the center be open?
D. all of the above.

_______ 5. In a discovery program model
A. certain materials and equipment can be chosen for specific experiences.
B. a child's strongest talents are likely to be overlooked.
C. children may miss valuable experiences because of interest in a few self-selected activities.
D. children learn to cooperate and follow instructions.

_______ 6. Curriculum goals are
A. related mainly to physical development of children.
B. long-range goals.
C. developed for new child care programs only.
D. short-range goals.

_______ 7. The value of play can be preserved when a caregiver
A. provides variety by supplying children with all toys available.
B. provides certain toys for boys and different toys for girls.
C. allows children to choose teams and compete against each other.
D. avoids making children self-conscious about play.

_______ 8. The factors which affect child care scheduling include
A. age, developmental level, and background experiences of the children.
B. number of children, length of the school day, and transportation.
C. purpose of the center, arrangement and use of space, and needs of the children.
D. all of the above.

_______ 9. Daily schedules
A. should be rigid to give the children security.
B. should be flexible in order for children to finish projects and activities.
C. are solely for the benefit of caregivers and the director.
D. are necessary for new programs but not for established programs.

_______ 10. The person who should be notified of any health or safety emergency that occurs at a child care center is the
A. curriculum coordinator.
B. secretary.
C. director.
D. licensing official.

_______ 11. When a caregiver observes a child and records the child's behavior by writing down a single event or episode, the caregiver is using
A. a developmental check list.
B. events sampling.
C. an anecdotal record.
D. time sampling.

CHAPTER 25 TEST
Food Service Management

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. The director's most important consideration in child care food service management is
A. saving money on foods purchased.
B. seeing that nutritious meals and snacks are served.
C. monitoring meal and snack-time practices.
D. planning cycle menus.

_______ 2. The five essential nutrients are
A. milk and cheese; vegetables and fruits; meat, poultry, fish, and beans; breads and cereals; and fats and sweets.
B. juice, milk, bread, meat, and eggs.
C. iron, calcium, phosphorus, water, and calories.
D. protein, carbohydrates, fats, vitamins, and minerals.

_______ 3. Protein
A. helps build new body tissue.
B. provides the body's energy needs.
C. promotes healthy skin and vision.
D. regulates body processes.

_______ 4. The food group that includes liver, chicken, beans, and nuts is
A. breads and cereals.
B. fats and sweets.
C. meat, poultry, fish, and beans.
D. vegetables and fruits.

_______ 5. The information that gives recommended serving sizes and number of daily servings for the essential food groups is
A. nutrition.
B. cycle menus.
C. RDAs.
D. Daily Food Guide.

_______ 6. Empty calories often lead to
A. anorexia or bulimia.
B. tooth decay and obesity.
C. carbohydrate deficiency.
D. ascorbic acid disease.

_______ 7. Cycle menus are useful because
A. they allow foods to be economical, nutritious, and easily prepared.
B. children prefer to eat familiar foods often.
C. they involve the use of easy-to-prepare convenience foods.
D. the same menu can be repeated every week.

_______ 8. Which item below is **not** a wise food management practice?
A. Order to specification.
B. Purchase from many suppliers.
C. Check deliveries.
D. Refrigerate fresh produce, dairy products, and meats.

_______ 9. The danger zone for food temperature is
A. 32-45° F.
B. 45-140° F.
C. 140-165° F.
D. 165-212° F.

_______ 10. In child care settings, meals served family style feature
A. the children and caregivers eating with parents.
B. food served on trays by food service staff.
C. filled plates set on the table in advance of seating the children.
D. children and caregivers serving themselves from serving bowls set on the table.

CHAPTER 26 TEST
Financial Management

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. When seeking funding from a governmental or charitable agency, a child care program must submit a
A. journal.
B. ledger.
C. proposal.
D. voucher.

_______ 2. Factors which influence the fee charged for child care services include
A. local health codes.
B. program costs and community standards.
C. regulations of the Small Business Administration.
D. methods of financial record keeping.

_______ 3. Using a method to figure when costs and income balance is known as
A. a profit margin.
B. the parent's fee for child care services.
C. the accounting equation.
D. a break-even analysis.

_______ 4. A record keeping system whereby all receipts and bills are reported to an accounting firm is known as a/an
A. accounts payable system.
B. voucher system.
C. double-entry system.
D. quarterly reporting system.

_______ 5. Single-entry bookkeeping requires use of
A. only an adding machine or calculator.
B. an accountant.
C. government funding.
D. a general journal, general ledger, an income ledger, and a payroll ledger.

_______ 6. The item below that is **not** a required payroll deduction is
A. health insurance.
B. FICA.
C. withholding tax.
D. social security.

_______ 7. Inventory records are useful for
A. reordering materials.
B. keeping track of supplies and equipment.
C. planning maintenance.
D. all of the above.

_______ 8. A cash flow calendar can help a director

A. know when to raise tuition fees.
B. prepare an income statement.
C. plan expected income and expenses each month.
D. identify assets and liabilities at the end of the year.

_______ 9. Liability insurance is a must for child care centers in areas in which

A. risk and potential loss are high.
B. risk is high and potential loss is low.
C. special services are offered.
D. worker's compensation insurance does not apply.

_______ 10. Strategies for controlling costs in a child care center include

A. voucher system, social security, and insurance premiums.
B. budgeting, watching cash flow, and conservation.
C. general ledger, general journal, and start-up budget.
D. all of the above.

CHAPTER 27 TEST
Parent, Community, and Professional Relationships

DIRECTIONS: For each item below, place the letter of the best answer in the blank to the left of the item.

_______ 1. Open communication between parents and child caregivers
A. encourages too many complaints by parents.
B. leads to conflicts between caregivers and parents.
C. is important to the development of children.
D. is important for the director's licensing records.

_______ 2. The strategy below that does **not** promote positive parent/center relationships is
A. informal discussion of a child's problem behavior at departure time.
B. cumulative information about a child's development, shared at a parent conference.
C. parent newsletters.
D. parent meetings.

_______ 3. The most important information in a parent handbook is
A. ways parents can be involved in the center.
B. dates of scheduled meetings.
C. list of supplies parents need to supply for the child.
D. statement of the program's philosophies, policies, and services.

_______ 4. In handling parent/teacher differences, the director should advise the teacher to
A. postpone a conference as long as possible, since most differences usually resolve themselves.
B. examine his or her competence as a teacher.
C. involve the director as soon as the difference occurs.
D. hear the parents out; they have a right to make suggestions about the care their children receive.

_______ 5. Parents may be involved in the child care program as
A. members of a planning committee.
B. members of a policy making committee.
C. volunteers working with children as aides.
D. all of the above.

_______ 6. When a parent has a complaint regarding a child caregiver, he or she should **first**
A. talk to the director.
B. talk to the board of directors.
C. talk to the caregiver.
D. remove the child from the program.

_______ 7. The director establishes relations with community services and agencies to do all of the following **except**
A. ask them to develop guidance policies for the child care program.
B. establish resources for center information and consultation.
C. make referrals for children and families.
D. carry out the management responsibilities of the director.

_______ 8. Community volunteers in child care centers
- A. need no screening because they are sure to be competent in working with children.
- B. should not be used because of the risk involved.
- C. should be screened and evaluated with the same care used in screening and evaluating employees.
- D. do not need to attend an orientation session.

_______ 9. What question should be asked when developing a marketing strategy for a child care center?
- A. What audiences do you want to reach?
- B. What is the purpose of the marketing effort?
- C. What is the best way to communicate the information to the selected audience?
- D. all of the above.

_______ 10. Professional networking is a
- A. community organization.
- B. sharing of information and ideas among professionals.
- C. system of airing administrative complaints.
- D. social organization among child caregivers.

Test Answer Key

CHAPTER 1 TEST	CHAPTER 2 TEST	CHAPTER 3 TEST	CHAPTER 4 TEST
1. C	1. C	1. D	1. C
2. D	2. D	2. B	2. B
3. A	3 D	3. D	3. A
4. B	4. D	4. C	4. D
5. D	5. C	5. A	5. B
6. B	6. A	6. C	6. D
7. D	7. D	7. A	7. C
8. B	8. A	8. B	8. B
9. D	9. B	9. C	9. C
10. A	10. C	10. B	10. A
		11. A	
		12. D	

CHAPTER 5 TEST	CHAPTER 6 TEST	CHAPTER 7 TEST	CHAPTER 8 TEST
1. C	1. D	1. B	1. C
2. B	2. C	2. C	2. B
3. C	3. A	3. A	3. C
4. A	4. D	4. D	4. D
5. D	5. C	5. A	5. A
6. C	6. B	6. B	6. B
7. A	7. D	7. D	7. C
8. B	8. C	8. C	8. D
9. B	9. B	9. C	9. B
10. A	10. D	10. A	10. A
			11. B
			12. A
			13. B

CHAPTER 9 TEST

1. C
2. C
3. D
4. A
5. A
6. B
7. D
8. C
9. D
10. B
11. D

CHAPTER 10 TEST

1. D
2. A
3. D
4. B
5. A
6. B
7. A
8. C
9. B
10. D
11. C

CHAPTER 11 TEST

1. C
2. B
3. A
4. D
5. D
6. C
7. A
8. B
9. B
10. C

CHAPTER 12 TEST

1. C
2. D
3. C
4. B
5. A
6. D
7. D
8. A
9. A
10. B
11. C
12. A

CHAPTER 13 TEST

1. C
2. C
3. B
4. C
5. D
6. A
7. C
8. B
9. C
10. D
11. D
12. B

CHAPTER 14 TEST

1. B
2. C
3. A
4. B
5. C
6. A
7. B
8. C
9. B
10. D

CHAPTER 15 TEST

1. C
2. A
3. B
4. A
5. B
6. D
7. C
8. B
9. D
10. D

CHAPTER 16 TEST

1. D
2. A
3. C
4. A
5. C
6. B
7. D
8. C
9. B
10. A
11. D
12. D
13. A

CHAPTER 17 TEST	CHAPTER 18 TEST	CHAPTER 19 TEST	CHAPTER 20 TEST
1. C	1. C	1. B	1. C
2. A	2. A	2. A	2. D
3. B	3. D	3. D	3. A
4. B	4. A	4. B	4. D
5. B	5. B	5. D	5. B
6. A	6. B	6. C	6. A
7. C	7. B	7. D	7. C
8. C	8. D	8. A	8. D
9. B	9. C	9. B	9. C
10. C	10. A	10. D	10. A
			11. C

CHAPTER 21 TEST	CHAPTER 22 TEST	CHAPTER 23 TEST	CHAPTER 24 TEST
1. A	1. A	1. D	1. C
2. C	2. B	2. C	2. D
3. D	3. B	3. B	3. A
4. B	4. C	4. A	4. A
5. A	5. D	5. D	5. C
6. D	6. A	6. A	6. B
7. C	7. C	7. C	7. D
8. D	8. B	8. B	8. D
9. A	9. A	9. C	9. B
10. D	10. B	10. B	10. C
11. C	11. C	11. A	11. C
12. D	12. B	12. D	
13. B	13. D	13. A	
		14. D	

CHAPTER 25 TEST

1. B
2. D
3. A
4. C
5. C
6. B
7. A
8. B
9. B
10. D

CHAPTER 26 TEST

1. C
2. B
3. D
4. B
5. D
6. A
7. D
8. C
9. A
10. B

CHAPTER 27 TEST

1. C
2. A
3. D
4. D
5. D
6. C
7. A
8. C
9. D
10. B

Activity Answer Key

CHAPTER 1

ACTIVITY 1-3

1. False – As more women work outside the home, the need for child care services increases.
2. False – Many unemployed parents who do not need child care services are choosing child care for their children because of an awareness of the importance of helping their children grow in different areas.
3. True
4. True
5. False – It is projected that by 1990 there will be 57% more children with single mothers who are employed.

ACTIVITY 1-5

Across

1. custodial
6. extended
7. comprehensive
9. funded
11. curriculum
12. children
13. half

Down

2. services
3. developmental
4. individual
5. group
8. hours
10. full

ACTIVITY 1-6

1. infants
2. employer
3. cost
4. schedules
5. public

CHAPTER 2

ACTIVITY 2-2

1. entry-level
2. level 3
3. Associate
4. professional management
5. training
6. education levels
7. child development director
8. entry-level
9. early childhood specialists
10. children

ACTIVITY 2-3

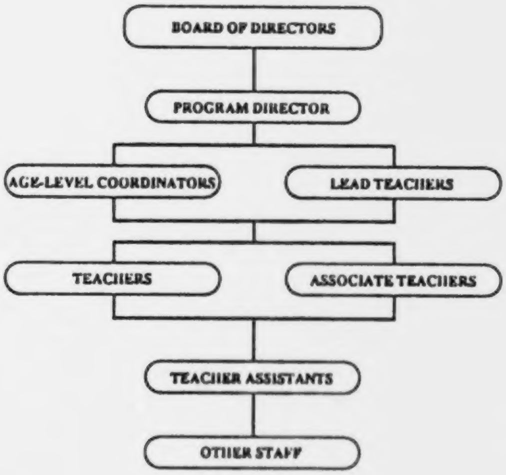
1. Mrs. Garcia attended college for about four years to receive a bachelor's degree.
2. None. A child care aide holds an entry-level position.
3. She could have gone to school for two years to receive an associate degree or she could have received a Child Development Associate (CDA) Credential by reaching certain goals through work and training as a child caregiver.
4. Mr. Robertson must receive a master's or doctor's degree in early childhood education or he must work at least three years in a level 3 job.

ACTIVITY 2-5

1. True
2. False – Job openings can be found in a variety of ways.
3. True
4. False – If possible, apply for work at several different child care centers.
5. False – If only an address is given in a job listing, a letter of application and resumé should be sent.
6. True
7. False – A typed resumé should be submitted to a potential employer.
8. False – Usually, an application is filled out as part of an interview.
9. True
10. False – A job applicant should show interest in a job by asking questions during an interview.
11. False – An important part of any job is cooperation with co-workers.
12. False – Except in emergencies, do not do jobs which you were not assigned involving the children.
13. True

CHAPTER 3

ACTIVITY 3-2



1. Board of Directors – governing body responsible for managing, guiding, and running the child care program.
2. Program Director – responsible for planning, carrying out, and checking the program; hiring, training, supervising, and dismissing workers; communicating with parents; meeting licensing standards; and handling finances for the program.
3. Age-Level Coordinators – in charge of the educational program for a certain age or group; work with director to plan the overall program; help with staff decisions and problems; supervise staff; communicate with parents of children in their groups; and may teach a group of children.
4. Lead Teachers – same as age-level coordinators.
5. Teachers – report to age-level coordinator or to the director. Responsible for the children they teach; for communicating with parents; and for leading the educational program for their group.
6. Associate Teachers – same as teachers
7. Teacher Assistants – may help with a group of children; arrange equipment and supplies for activities; straighten up activity areas; or assist with snacks and lunches.
8. Other Staff – may include a secretary/receptionist, cook, and custodian. These workers play various important roles to benefit children.

ACTIVITY 3-4

1. G
2. B
3. E
4. A
5. D
6. H
7. I
8. C

ACTIVITY 3-5

1. True
2. False – Caregivers should be team members and volunteer to help others when time allows.
3. False – Caregivers should work toward the goals of the center while at work.
4. True
5. False – Caregivers should have children ready when parents return for them.
6. False – Caregivers should report only positive examples of a child's behavior to parents.
7. True
8. False – Caregivers should keep information about the family and the child care center confidential.
9. True
10. False – It is important to both reach the goals and follow the rules of the center.
11. False – Caregivers should give only information which they are authorized to give to parents.

ACTIVITY 3-6

1. information
2. recorded
3. accidents
4. changes
5. help
6. evidence
7. dangerous
8. before
9. well-being

ACTIVITY 3-7

1. Liability
2. responsible
3. written
4. employee
5. standards
   policies

ACTIVITY 3-9

1. child caregiver
2. child
3. private setting
4. supervisor
5. investigation

CHAPTER 4

ACTIVITY 4-2

1. physical
2. Parents
3. Social development
4. sex
5. Non-sexist
6. siblings
7. belonging
8. mind
9. conscience
10. pressure
11. social
    emotional

ACTIVITY 4-3

1. Providing transportation for her children each day can be a problem since family members have to go to three different locations.
2. Darla is poor since she cannot find a job. Her lack of education and work experience make her problems harder to solve. As a result of poverty, she would not be able to afford quality child care, medical care, food, clothing, etc.
3. When a child is sick and the single-parent cannot stay home from work, extra stress is placed on the family. Will is torn between having to be at work to prevent losing his job and needing to take care of Blake while the child is sick.
4. It is common for both families to have their own ways of doing household tasks. The different values and attitudes of the two families may also cause conflicts. Young childen may have problems adjusting to such changes. Olivia and Henry should be patient and understanding with the children.

ACTIVITY 4-5

1. True
2. False – Different religious beliefs held by different families affect values and behavior children learn from their parents.
3. True
4. False – The amount of money a family has affects the development of their children in several ways.
5. False – Children who move to a new place may have special problems in adjusting. Meeting new friends and being in a strange place can be difficult.

ACTIVITY 4-6

1. Peer pressure
2. group
3. Television
4. models
5. society
6. culture
7. social institutions
8. socialization

ACTIVITY 4-7

1. Yes
2. No
3. No
4. Yes
5. Yes
6. No

CHAPTER 5

ACTIVITY 5-2

1. outdoor
2. indoor
3. outdoor
4. indoor
5. outdoor
6. outdoor
7. outdoor
8. indoor
9. indoor
10. outdoor
11. indoor
12. indoor
13. indoor
14. outdoor
15. indoor
16. outdoor
17. outdoor
18. outdoor
19. outdoor

ACTIVITY 5-3

1. furnishings
2. sizes
3. sturdy
4. storage space
5. hook
6. teachers
7. Cribs
8. carpeting
9. Equipment
10. Supplies
11. developmental level
12. outdoors
13. toddlers
14. preschoolers
15. Food service

ACTIVITY 5-4

1. negative
2. climate
3. stress
4. noise
5. felt
6. fun

Summary Sentence: Feelings

ACTIVITY 5-5

1.
2. X
3. X
4. X
5.
6. X
7.
8. X
9. X
10. X
11.
12.
13. X
14. X

ACTIVITY 5-6

1. A
2. B
3. B
4. A
5. D
6. C

CHAPTER 6

ACTIVITY 6-2

1. health
2. physical
   mental
3. damage
4. recognition
5. healthy

ACTIVITY 6-3

1. X
2. X
3. X
4.
5. X
6.
7.
8. X
9. X
10.
11.
12.
13. X
14.
15.
16. X
17.

ACTIVITY 6-4

Runny nose, sneezes, coughs
Flushed face and hot, dry skin
Raised temperature
Unusual paleness or coldness
Large amounts of sweating unexpectedly
Sore throat
Hoarse or husky voice
Swollen glands
Watery or glassy appearance of the eyes
Pain in ear, head, chest, stomach, abdomen, or joints
Nausea, vomiting, diarrhea
Rash, bumps, or breaking out of skin
Stiff back or neck
Convulsions, seizures, or attacks during which a child stiffens and twitches

ACTIVITY 6-5

Across

1. a condition with symptoms of severe itching and scratching and small, raised, reddened areas on the skin
4. an intestinal disorder common to children enrolled in group child care
6. a disease characterized by a red-brown rash appearing after the 4th day with first symptoms similar to fever and colds
10. a disease causing fatigue, profound loss of appetite, yellowish skin, dark brown urine, and light-colored stool
12. a highly contagious condition caused by tiny insects that live on blood which they suck from the scalp
13. a disease passed from person to person causing circular patches on the skin and/or bare spots on the scalp
16. a condition also known as pinkeye

Down

1. a type of sore throat
2. a condition which causes pain and difficulty in swallowing
3. a contagious disease which can cause fever, stiff neck, nausea, vomiting, and loss of consciousness
5. a condition causing blisters that break open and form crusty sores
7. a variety of sore throat which can only be diagnosed by a doctor; causes headache, fever, sore throat, swollen glands in the neck, and possible nausea and vomiting
8. a disease with an incubation period of 14-21 days and characterized by a pink to red rash
9. a childhood disease with symptoms of slight fever and small blisters which scab over
11. a disease causing sudden chills, sudden high fever, headache, body aches, sore throat, and coughing
14. a disease causing pain and swelling over the jaw and in front of the ear
15. a condition causing runny nose, sneezing, and fatigue

ACTIVITY 6-7

1. Comfort Amy until her parent(s) arrive(s).
2. Isolate Amy from the other children to prevent spreading germs.
3. Do not give medication to Amy unless her parents and the teacher have authorized you to do so.
4. Make Amy comfortable by helping her to lie down, remove her shoes or outer clothing, and place a cover on her if she is cold. Call her by her name and help her to relax. Place a container near Amy in case she gets sick at her stomach. Remind her where the bathroom is.
5. Stay with Amy and watch her carefully.
6. Report your observations to your supervisor.
7. Locate health and family information if the teacher asks for it.

ACTIVITY 6-8

1. False – An allergy is a chronic illness.
2. True
3. False – Some allergy medications cause drowsiness.
4. False – It is most important to watch a diabetic child's diet. The child should eat at regular times, avoid sugar, and get enough protein.
5. False – Sugar-free snacks midway between meals are usually needed by diabetic children.
6. True
7. False – Epilepsy is usually treated with a single dose of a drug given at bedtime.
8. True
9. True
10. False – Only caregivers who are nurses or doctors are qualified to give shots of any kind.
11. False – It is best to encourage these children to try new experiences and to give them the chance to do things for themselves.
12. True

CHAPTER 7

ACTIVITY 7-2

1. Screening tests
2. progressively
3. spread
4. State
5. guarantee
6. parents
7. health history
8. Health observations
9. parents

ACTIVITY 7-3

1. True
2. True
3. False – You can limit the number of children seated at tables or playing in each area. During nap time, arrange children head-to-foot to prevent them from breathing in each other's faces.
4. True
5. False – Doors and windows should be opened for fresh air when the weather permits.
6. True

ACTIVITY 7-4

1. Mrs. Rutherford should consider the fact that temperature levels in a child care center may be very different from temperature levels at home or outside. She should be sure that Bobby will not be too cool inside the center if dressed in shorts and a tank top.
2. Since accidents do happen with young children, it is best for them to wear clothes that are comfortable, durable, and washable to the center. It is also a good idea for parents to send an extra set of clothing to the center in case of an emergency or accident.
3. The parents should choose their children's clothing for the children's levels of development. They should choose clothing which is easy for children to use. For example, toddlers cannot manage tight necklines and buttons or zippers in the back. Young children who are being toilet trained need soft elastic waistbands. Shoes should be chosen which have closures that are easy for children to handle.

ACTIVITY 7-5

1. Use soap and warm running water.
2. Rub hands vigorously while washing.
3. Wash backs of hands, wrists, between fingers, and under fingernails well.
4. Rinse hands well.
5. Leave the water running.
6. Dry hands with a disposable paper towel.
7. Turn off the water using a paper towel instead of bare hands.

1. Before preparing food
2. Before serving food
3. After diapering an infant or toddler
4. After assisting children with toileting
5. After sneezing, coughing, or using facial tissue
6. After going to the toilet

ACTIVITY 7-6

1. energy
2. appetite
3. accidents
4. weight
   growing
5. obesity
6. Bleeding
7. Cracks
8. alert

Summary Sentence: Variety

ACTIVITY 7-7

1. False – Some communicable diseases are preventable through immunization.
2. False – Parents, not secondary caregivers, are responsible for seeing that children are immunized.
3. True
4. True
5. False – State licensing standards usually require parents to show proof of immunization before a child can be enrolled in a child care center.
6. False – Teachers may remind parents of immunization timetables but they are not required by law to do so.

ACTIVITY 7-8

1. training
2. together
3. example
4. Caregivers'
5. explain
6. frequently
   dispose
7. learning
8. Cooking
9. growth chart
10. practice

ACTIVITY 7-9

1. Providing the best possible health and emergency care for children
2. Fulfilling licensing requirements
3. Protecting child care programs and child care employees from liability

CHAPTER 8

ACTIVITY 8-2

1. curiosity
2. open flame
3. liquid
   surfaces
4. electrical shocks
5. physical barriers
6. kitchen
7. water heater
8. inspections
9. Combustible materials
10. exits
11. Flammable materials
12. Spontaneously combustible materials
13. stored
14. Baking soda

ACTIVITY 8-3

1. Appliances should be plugged into an outlet that children cannot see or cannot reach. Outlets should actually be above children's reach, covered with an outlet cover, or hidden from view. Electric cords should be hidden as much as possible so children will not be tempted to touch.
2. Mrs. Mendoz should not have left Robby with an electrical appliance, especially near a source of water. Since water is a good conductor of electricity, people can receive electrical shocks if they touch an electrical appliance and moisture at the same time. Children or caregivers should not use any appliances near water or a source of water.

ACTIVITY 8-4

1. The light brown liquid could be poisonous and should be labeled.
2. Flammable substances such as gasoline and lighter fluid should not be stored near flammable materials such as the items for the flea market.
3. Poinsonous substances should not be stored in a place where children may reach them such as the shed where the toys are stored.

ACTIVITY 8-5

1. True
2. False – Entrapment happens when a child gets his or her body or head trapped in a narrow space. It can lead to hanging.
3. False – A child can drown in a very small amount of water, even water that is less than an inch deep.
4. False – An old refrigerator should be stored with the door removed or should be belted and locked shut.
5. False – Hazards which could cause cuts include toys and equipment needing repair, having sharp or pointed edges, or which are not appropriate for the age of the children who use them. Broken glass and other sharp objects such as sticks are common hazards.
6. True
7. True
8. False – The most frequent cause of serious injuries on playgrounds is falling onto hard surfaces, especially asphalt and concrete.
9. True
10. False – Children should enter and leave cars from the side of the car closest to the building or the curb.
11. True
12. False – Allowing children to play with stray animals can be hazardous since an animal could bite children, be sick, be dirty, or carry germs which could cause disease.

CHAPTER 9

ACTIVITY 9-3

1. reporting
2. caregivers
3. panic
4. children
5. telephone
6. oxygen
7. yourself
8. ingredients
9. escape

Report the following:
the address of the child care center
the type of fire
the location of the fire in the building
the size of the fire
the name of the child care center
your name

ACTIVITY 9-4

1. A
2. C
3. B
4. worse

PULL – pin
AIM – extinguisher nozzle at the base of the fire
SQUEEZE – or press the handle
SWEEP – side to side at base of fire until fire goes out

ACTIVITY 9-5

1. You should remain calm and give a simple explanation about what is happening to reassure the children. You should also move the children away from windows and any metal equipment in the building.
2. All child care employees should know their center's procedures for responding to a tornado. During a tornado watch, child care activities should continue as usual, with the center director staying alert for further information on radio and television. During a tornado warning, persons close to the storm should take cover immediately. If time allows, children may be evacuated to a nearby basement, cellar, or reinforced concrete building. Children should be kept away from windows. You should speak calmly as you instruct and comfort children.
3. In most cases, a warning is given in time for parents to pick up their children before a hurricane strikes. In the event that a hurricane strikes suddenly or is very severe, the child care center needs specific plans for how and when to evacuate or how to gain protection in the building. A note should be made that parents must be notified if children are moved to another location.
4. The child care center should be prepared to keep children overnight, if necessary. Centers can prepare by keeping emergency food and blanket supplies. Caregivers should be told not to move children to a different location during a blizzard unless local authorities assist with the move.
5. The greatest danger during an earthquake is from falling objects. Parts of buildings may also crack and/or crumble. Caregivers should be told to move children quickly to parts of the building with the most structural support. The safest places are usually interior doorways, closets, bathrooms, and under sturdy tables. Because of the possibility of aftershocks, children should be kept in a safe area after the major shock is over.

ACTIVITY 9-6

1. bell used to warn of a fire emergency.
2. the teacher quickly.
3. in the bathroom and other places where they might not be easily seen.
4. stay together as a group near the teacher.
5. the children quickly before leaving the room and when outside.
6. any tasks assigned you
7. the day's class roll and the emergency file containing parents' names and phone numbers.
8. 200 yards away from the building.
9. in a group
   watch them constantly.
10. Comfort the children
11. the weather as best as possible.
12. any child to a stranger.
13. clearance is given by the center director or local authorities.
14. the center's plans for relocation
    the center director gives instructions.

ACTIVITY 9-7

1. False – A caregiver should notify the center director or an assigned caregiver. One caregiver should stay with the child while someone calls the parent.
2. False – The supervisor or staff person responsible should be notified at once if a child becomes ill.
3. True
4. True
5. False – It is very important that a parent comes quickly to the hospital or doctor's office. Sometimes doctors and hospitals will not begin treatment without the parent present.

ACTIVITY 9-8

Across

1. absorbs
4. washcloths
6. First Aid
7. unplug
8. injury
9. Calamine
11. minor
12. caustic
13. head
16. Activated charcoal
18. running water

Down

2. bleeding
3. Thermometers
5. Syrup of ipecac
10. gauze bandages
14. shock
15. severe
17. CPR

ACTIVITY 9-9

1. A
2. C
3. B
4. C
5. C

CHAPTER 10

ACTIVITY 10-2

1. Arrival, Departure
2. Arrival
3. Departure
4. Departure
5. Arrival
6. Arrival
7. Arrival
8. Departure
9. Arrival, Departure
10. Arrival, Departure
11. Departure
12. Arrival
13. Departure
14. Arrival, Departure

ACTIVITY 10-3

1. health
2. illness
3. informal
4. formal
5. frighten
6. symptoms
7. arrangements
8. health record

ACTIVITY 10-4

1. Hands should be dried with a disposable towel or a personal cloth towel. Disposable towels should be placed in a trash container after one use. If children use cloth towels, each child should use his or her own towel. Cloth towels should be washed once a week.
2. Children should wash their hands before and after eating, after toileting, and after playing with modeling clay, play dough, dirt, or other substances.
3. Teeth should be brushed after each meal and each child's toothbrush should be clearly marked with the child's name or special symbol and hung in a clean place.
4. Modeling and positive reinforcement can be used.
5. Each child should use a personal comb and/or brush, for cleanliness.

ACTIVITY 10-5

1. B
2. B
3. B
4. A
5. B
6. A
7. A
8. B
9. A
10. A

ACTIVITY 10-6

1. self-image
2. independence
3. physical
4. tease
5. consistent
6. accidents
7. groups
8. Regression
9. flush
10. praise
11. time
12. clothing
13. fasteners

ACTIVITY 10-7

1. Agree
2. Disagree
3. Agree
4. Disagree
5. Agree

ACTIVITY 10-8

1. True
2. False – There are basic housekeeping rules which should be taught to children.
3. True
4. False – An example of a daily housekeeping task for children is putting up toys after an activity period.
5. False – Caregivers should not insist that classrooms be so clean and tidy that children are uncomfortable. Children should clean up after each activity.
6. True

CHAPTER 11

ACTIVITY 11-2

1. Infancy and early childhood
2. Middle childhood
3. Middle childhood
4. Middle childhood
5. Infancy and early childhood
6. Middle childhood
7. Middle childhood
8. Infancy and early childhood

Summary Sentences: Sequence
Sensitive Periods

ACTIVITY 11-3

1. B
2. B
3. A
4. D
5. B
6. C
7. A

ACTIVITY 11-4

1. B
2. C
3. C
4. C
5. A

ACTIVITY 11-4 (continued)

1. Solitary play
   Up to 18 months of age
   The child plays alone with toys.
2. Parallel play
   18 months to about 3 or 4 years
   The child plays beside but not with, nearby children.
3. Associative play
   3 or 4 years old to middle childhood
   Children participate in games or activities together.
4. Cooperative play
   Middle childhood (7 to 8 years and older)
   Children participate in organized team sports and other activities. Children work together as a team.

ACTIVITY 11-5

1. force
2. master
3. encourage
4. experiences
5. senses
6. explore
7. language
8. listener
9. hearing
10. familiar
11. needs

CHAPTER 12

ACTIVITY 12-2

1. systems
2. brain
3. three
4. ten
   six
5. muscles
6. spurt
7. two
8. agility
9. puberty
10. later

ACTIVITY 12-4

1. Infancy
2. Toddlerhood
3. Toddlerhood
4. Infancy
5. School-Age
6. Toddlerhood
7. Infancy
8. Preschool-Age
9. Preschool-Age
10. Toddlerhood
11. Toddlerhood
12. Toddlerhood

ACTIVITY 12-5

1. False – Bottles should never be propped up into infants' mouths while they are lying in their cribs because they may choke.
2. False – Nutrients found in a mother's breast milk and infant formulas are usually well-balanced.
3. True
4. True
5. False – Most infants eat soft cereals and strained foods by the middle of the first year.
6. False – Children should not be forced to eat amounts which may be too much for them.
7. False – The need for sleep levels off in adolescence to seven to eight hours per day.
8. False – Most preschoolers need ten to twelve hours of sleep at night and a nap during the day.
9. True
10. False – A mother's breast milk provides a child protection from many diseases, but the effect does not last long.
11. True

CHAPTER 13

ACTIVITY 13-2

1. Agree
2. Disagree
3. Disagree
4. Agree
5. Disagree
6. Agree
7. Agree
8. Disagree
9. Disagree
10. Disagree

ACTIVITY 13-3

1. feelings
2. behavior
3. curiosity
4. language
5. adapt
6. fears
7. peers
8. Gender identity
9. parents'
10. siblings

ACTIVITY 13-4

1. A
2. C
3. B
4. D
5. A
6. C

CHAPTER 14

ACTIVITY 14-2

1. intelligence
2. cognition
3. activities
4. quotient
5. chronological
6. biased
7. standardized
8. sensory

Summary Statement:
Caution

ACTIVITY 14-4

1. ST
2. LD
3. LD
4. OP
5. OP
6. CR
7. LD
8. LD
9. ST
10. ST

ACTIVITY 14-5

1. X
2. X
3. X
4.
5.
6.
7.
8. X
9. X
10. X
11.
12. X

ACTIVITY 14-6

1. B
2. C
3. D
4. B
5. A
6. C
7. D

CHAPTER 15

ACTIVITY 15-2

1. convenience
2. places
3. goals
4. outdoor
5. individual
6. several
7. planned
8. changed
9. motivate
10. clean-up

ACTIVITY 15-4

A 4	B 1	C 3	D 2
E 1	F 2	G 4	H 3
I 2	J 3	K 1	L 4
M 3	N 4	O 2	P 1

Total 10

CHAPTER 16

ACTIVITY 16-2

Rebus Answer: Environmental Factors

1. Poor nutrition of mother
2. Viruses
3. Drugs and toxic chemicals
4. Stress and emotional upsets

ACTIVITY 16-3

1. B
2. C
3. B
4. A
5. D
6. C
7. A

ACTIVITY 16-4

1. Breathing
2. Sneezing
3. Coughing
4. Gagging
5. Yawning
6. Vomiting
7. light and dark
8. human faces
9. more slowly
10. happens with maturation
11. an observable biological behavior
12. stimulation
13. experiment

ACTIVITY 16-5

1. security
2. sequence
3. support
4. roll over
5. movement
6. trust
7. health
8. speech
9. details
10. sweet
11. relations
12. temperament
13. senses
14. communicate
15. differentiation

ACTIVITY 16-6

1. False – Teaching strategies used with infants should meet their basic physical needs and aid in development.
2. True
3. False – Caregivers should use diaper changing time for pleasant interaction with infants. Music and a mobile might help.
4. False – Caregivers should stimulate the infant's sense of hearing by providing a variety of pleasant sounds. Human voices are best.
5. True
6. True
7. False – It is best if caregivers respond quickly and consistently to infants' needs.
8. False – Infants respond differently. Some are quiet and some are active, showing different temperaments.
9. True

ACTIVITY 16-7

1. routine
2. support
3. creeping
4. interactions
5. voluntary
6. teething
7. sounds
8. emotions
9. anxiety
10. gradually
11. attachments
12. cooing
13. babbling

ACTIVITY 16-8

1. Yes
2. Yes
3. Yes
4. No
5. No
6. No
7. Yes
8. Yes
9. Yes
10. Yes
11. No

ACTIVITY 16-9

1. crawling
2. possessive
3. communicate
4. routines
5. mobility
6. eight to ten
7. solid
8. bite
9. predictable
10. preferences
11. negative
12. familiar
13. permanence
14. associate
15. scribble

ACTIVITY 16-10

1. Approved – physical
2. Approved – emotional/social
3. Approved – physical
4. Approved – intellectual/language
5. Not Approved
6. Not Approved
7. Not Approved
8. Not Approved
9. Approved – emotional/social
10. Approved – physical

CHAPTER 17

ACTIVITY 17-2

1. X
2. X
3.
4.
5.
6. X
7.
8.
9.
10. X
11. X
12. X
13. X
14. X
15. X
16. X
17.
18.
19.
20.

ACTIVITY 17-3

1. SD
2. NA
3. NA
4. PD
5. ED
6. ED
7. ILD
8. ILD
9. SD
10. NA

ACTIVITY 17-4

Physical Development

1. A
2. B
3. A

Emotional Development

1. A
2. B
3. B

Social Development

1. B
2. B
3. A

Intellectual and Language Development

1. A
2. A
3. A

ACTIVITY 17-5

1. F
2. G
3. E
4. B
5. H
6. J
7. I
8. A
9. C
10. D

ACTIVITY 17-6

1. Improved eye-hand coodination and improved small muscle control
2. Short attention span
3. Children are in different stages of toilet training and need the chance to complete toileting without pressure
4. Desire to please others and assist caregivers with tasks
5. Need for approval and praise for successes
6. Like to show affection
7. Enjoy large-muscle activities
8. Show emotions such as anger; have trouble sharing
9. Gradually recognize how others feel
10. May try to comfort others
11. Enjoy parallel play more than group activities
12. Are learning basic shapes and colors

ACTIVITY 17-7

1. Agree
2. Disagree
3. Disagree
4. Agree
5. Disagree
6. Agree

ACTIVITY 17-8

1. frustrating
2. possessive
3. cooperate
4. learning
5. pretend
6. toilet
7. think
8. self
9. hit

ACTIVITY 17-9

1. self-help
2. activities
3. experiment
4. routines
5. muscle
6. feelings
7. control
8. talking
9. doing
10. pretend

Summary Statement: Safety

CHAPTER 18

ACTIVITY 18-2

1. A norm is what is "average" for a certain age group.
2. Each child is an individual and may develop at different rates than other children. One child may differ in developing different behaviors or skills. For example, a child may develop physical skills rapidly but might have limited language skills.
3. Programs for children who attend school part of the day should reinforce and complement other "school" experiences.
4. The discovery model involves caregivers allowing children to learn at the right moment during play. The instructional model involves use of teaching strategies that are led or begun by a caregiver.

ACTIVITY 18-3

1. memory
2. attention
3. repetition
4. punishment
5. rest
6. busy
7. advanced
8. steady

ACTIVITY 18-4

1. Not Appropriate
2. Physical Development
3. Emotional/Social Development
4. Intellectual/Language Development
5. Physical Development
6. Physical Development
7. Physical Development
8. Emotional/Social Development
9. Not Appropriate
10. Intellectual/Language Development
11. Not Appropriate
12. Emotional/Social Development
13. Intellectual/Language Development

ACTIVITY 18-5

Across

1. muscles
2. stutter
3. fantasy
4. names
5. noisy
6. fears
7. sentences
8. active

Down

2. stubborn
3. fists
9. relationships
10. why
11. challenge
12. energy
13. sociable
14. brag
15. hands

ACTIVITY 18-6

1. True
2. True
3. False – Caregivers should increase outdoor activity time to provide time for running and active play.
4. True
5. False – Four-year-olds are sociable and like to play with other children. Time should be allowed for them to play together.
6. False – If a caregiver ignores a four-year-old's bad behavior, he or she is using negative reinforcement with the child.
7. True
8. False – Children should be encouraged to talk about their fears. Caregivers may read stories that tell about fears other children have.
9. True
10. True

ACTIVITY 18-7

Across

1. fantasy
2. meaning
3. words
4. energy
5. Small
6. quieter

Down

1. friendly
2. mistakes
7. laughing
8. conflict
9. alarming
10. sentences
11. longer

ACTIVITY 18-8

1. emotional
2. intellectual
3. formal
4. abilities
5. eye-hand
6. cooperation
7. sentences

Summary Statement: Forced

CHAPTER 19

ACTIVITY 19-2

1. C
2. A
3. B
4. D
5. A
6. D
7. B

ACTIVITY 19-4

1. X
2. X
3.
4. X
5. X
6. X
7.
8.
9. X
10. X

ACTIVITY 19-5

1. Agree
2. Disagree
3. Disagree
4. Agree
5. Agree

CHAPTER 20

ACTIVITY 20-2

1. Environmental factors which can create special needs in children include illness, poor nutrition, accidents, and child abuse.
2. A handicap is any condition which prevents, delays, or interferes with a child's normal growth and development.
3. The four categories of mental retardation are mild, moderate, severe, and profound.
4. These children may be slower than average in some areas of their development. They need more time and more repetition to learn new tasks.
5. Traits of learning disabilities in young children may include hyperactivity, impulsiveness, perception problems, and poor memory.
6. Task analysis involves breaking down a job into small steps. Multi-sensory training helps children learn through use of several senses at one time. Behavior modification is a method of changing a person's behavior through consequences for specific behaviors.

ACTIVITY 20-3

1. C
2. C
3. A
4. D
5. B
6. C
7. D
8. D
9. B
10. B
11. A
12. A
13. D

ACTIVITY 20-4

1. achievement
2. different
3. inherited
4. stimulating
5. advanced
6. resource
7. observation
8. leadership

ACTIVITY 20-5

1. True
2. True
3. False – A screening program does not give final answers about children's problems. Professionals must make decisions.
4. False – The first step in the referral process is to schedule a meeting with the child's parents.
5. False – Caregivers should not diagnose a child's problems. Specialists, teachers, or center directors explain problems to parents.
6. True
7. True
8. False – It is almost always best for special needs children to be cared for with children that are not exceptional.
9. True

ACTIVITY 20-6

1. The schedule may need to be more structured than usual. Limit choices given to a special needs child during free time. Good transitions should be planned. Check task completion. Delay transitions if needed.
2. Arrange surroundings properly. Plan and follow a well-balanced daily schedule. Plan learning experiences which promote cooperation. Use naturally occurring events to promote positive interactions.
3. Caregivers can encourage and praise uniqueness, creativity, and variety. They can point out individual differences in a positive or matter-of-fact manner.
4. The major goal is independent living. Caregivers should allow handicapped children to perform everyday tasks that they can do for themselves.
5. Children need love, security, safety, and good surroundings to stimulate development. They need to feel good about themselves and feel they have some control.
6. Mainstreaming is the care and education of special needs children in a regular child care or school setting.

CHAPTER 21

ACTIVITY 21-2

1. change
2. control
3. guide
4. techniques
5. sequence
6. activities
7. frustration
8. physical
9. social
10. watching
11. examples
12. self-concept
13. sensory
14. self-control

ACTIVITY 21-3

1. Child Care Center Philosophies
2. Parent Philosophies
3. Community Philosophies
4. Parent Philosophies
5. Caregiver Philosophies
6. Child Care Center Philosophies
7. Caregiver Philosophies

ACTIVITY 21-4

1. Happy Face
2. Sad Face
3. Sad Face
4. Sad Face
5. Sad Face
6. Happy Face
7. Happy Face
8. Happy Face
9. Sad Face
10. Sad Face

ACTIVITY 21-5

Aross

1. What results when a child is frustrated or wants something from someone else but cannot get it
3. When a caregiver works directly with a child
7. When caregivers display desirable behavior for children to follow
9. When children try things and see the results of their actions, this is learned.
11. These are made to protect health, property, and the rights of others.
13. To pay close attention to what a child says
14. Leads children to a new activity related to their play at the time in order to resolve conflict
15. Being willing to risk trying new things
16. When children deal with, show, and understand their emotions

Down

1. To get on the child's level and listen closely; use words and sentences the child will understand
2. Leads the child to become involved in a different activity in order to resolve conflict
4. A direct guidance method used to teach children to take turns and resolve their conflicts
5. When children are allowed to pick between two activities
6. To always follow the same principles or practices
8. Children's development of this skill is greatly influenced by modeling of caregivers.
10. Controlling children's choices in order to guide their behavior; may be stated as rules
12. Helps a caregiver decide when to get involved and also helps prevent conflict between children

ACTIVITY 21-6

1. Subjective
2. Objective
3. Subjective
4. Subjective
5. Objective

Firm Communication

Description – Caregivers should say clearly that they understand a child's feelings. Caregivers should be firm.

Situation – Cindy wants to play with the ball Jack has. She kicks Jack in the shin and takes the ball. The caregiver firmly explains to Cindy that it is understood she wants to play with the ball, but kicking is not nice.

Extinction

Description – In order to prevent aggressive behavior in the future, caregivers should not reward aggressive behavior.

Situation – David hits Jimmy and takes Jimmy's toy truck. The caregiver talks with David and returns the truck to Jimmy.

Time-Out

Description – A caregiver requires a child to be by himself or herself for five minutes or less.

Situation – Nola spits on Drew, pulls his hair, and runs in circles screaming. The caregiver places Nola in time-out and explains to Nola why she is there.

ACTIVITY 21-7

1. +
2. –
3. –
4. +
5. –

CHAPTER 22

ACTIVITY 22-2

1. child/staff ratios
2. Regulations
3. image
4. audience, program
5. support

ACTIVITY 22-3

1. separate
2. interaction
3. Boundaries
4. active
5. excited
6. corners
7. rotated

ACTIVITY 22-4

1. False – As much thought and planning should be given to outdoor space as to indoor space.
2. True
3. False – There should be enough equipment and materials so children do not have to wait a long time for their turns.
4. True
5. True

ACTIVITY 22-5

1. Yes
2. No
3. No
4. No
5. Yes
6. No
7. Yes
8. Yes

ACTIVITY 22-6

1. A maintenance calendar is a special calendar organized for the purpose of reminding the director which maintenance tasks need to be done.
2. inspect and service heating system
3. inspect and service cooling system
4. inspect and service water heater
5. inspect electrical system
6. inspect plumbing
7. inspect interior building structure
8. inspect exterior building structure
9. inspect concrete sidewalk, parking area, paving
10. inspect locks and security devices
11. provide for insect control
12. maintain ground (yards, garden, play surfaces)
13. inspect outdoor equipment
14. inspect fence and gates

CHAPTER 23

ACTIVITY 23-3

3 A	1 B	2 C	4 D
1 E	4 F	3 G	2 H
4 I	1 J	3 K	2 L
2 M	4 N	1 O	3 P

Total 10

ACTIVITY 23-4

1. √
2. √
3. √
4. √
5. X
6. √
7. √
8. √
9. X
10. X
11. √
12. √
13. √
14. √
15. √
16. √
17. √

ACTIVITY 23-5

Background Information

1. Child's full name, address, and birthdate
2. Parents' names, home and business addresses, and telephone numbers
3. Name, address, and telephone number of person to contact in case of emergency
4. Names, addresses, and telephone numbers of doctor and/or clinic to contact in case of emergency

Health Information

5. Childhood diseases and illnesses prior to enrollment
6. Information on accidents and illnesses while enrolled
7. Symptoms or observations about child while at the center
8. Immunization records
9. Medication records, written permission to give medication, and records of medication given

Enrollment and Attendance Information

10. Date of enrollment
11. Daily attendance record
12. Notes concerning reasons for absences
13. Signed statement about who can pick up child from the center
14. Date of discharge or termination

Developmental Information

15. Notes of child's progress in development
16. Notes about parents' personal objectives for the child
17. Record of problems apparent with the child's daily experiences

ACTIVITY 23-6

1. access
2. written
3. private
4. ethics
5. orientation
6. policies
7. Remind
8. permission

ACTIVITY 23-7

1. 4
2. 9
3. 3
4. 1
5. 2
6. 12
7. 7
8. 10
9. 6
10. 8
11. 11
12. 5

ACTIVITY 23-8

A. A needs assessment is done to determine the demand for the goods and services to be provided before starting a business. This is one way to insure program success and find out child care needs of the community.

B. They should learn how many families want or need child care, the number and ages of children who need child care, where parents prefer to go for child care, what hours would be most convenient, what kinds of experiences are desired for children, what fees are considered feasible, and what services may be needed.

C. State or local agencies (the city's planning office or the United Way) may be able to provide information on characteristics of the population. A needs assessment survey can be conducted by mail or phone.

ACTIVITY 23-9

1. B
2. D
3. C
4. A
5. B

ACTIVITY 23-10

1. Disagree
2. Disagree
3. Agree
4. Disagree
5. Disagree

ACTIVITY 23-11

Across	Down
3. remove	1. Developmental
6. enrolled	2. standards
9. inspections	4. protect
10. inspected	5. qualifications
11. ages	7. provisional
12. length	8. records

CHAPTER 24

ACTIVITY 24-2

1. Head Start
2. Federally funded programs
3. Franchise
4. Employer-sponsored
5. Church-affiliated
6. Sole-proprietorship
7. Partnership
8. Corporation
9. University or community college affiliated
10. infant care
11. toddler care
12. preschool care
13. extended day (afterschool) care
14. evening or weekend care
15. school-age programs
16. drop-in care
17. bilingual programs
18. mainstreaming
19. extended health care services
20. family counseling
21. parent education
22. transportation
23. special classes

ACTIVITY 24-3

1. A
2. A
3. B
4. A
5. A
6. B
7. B
8. B
9. A
10. A
11. A
12. B

ACTIVITY 24-4

1. objective
2. objective
3. objective
4. goal
5. goal
6. objective
7. goal

ACTIVITY 24-5

1. An evaluation technique which has columns for checking whether a child displays a certain behavior or not. The lists of skills or behaviors may focus on one or more type(s) of development such as language or motor development. Usually, approximate ages that behavior is expected are given.
2. A recording of a single event or episode in a child's day. For example, a teacher might write down what a child said and did during mealtime.
3. A continuous recording of a child's behavior during a longer time period. For example, a teacher might observe a child's activities during an hour when he or she is involved in a certain activity. A chronological record would be kept of everything the child does during that hour.
4. Involves observing a child's behavior at certain points in time. The teacher would observe the child in regard to some area such as social interactions. Every five minutes, the teacher would check the type of social interactions observed by using a chart.
5. Involves recording how often a behavior occurs during a prescribed time period. The teacher makes marks on a tally sheet to record frequency of occurance of a certain behavior.

ACTIVITY 24-6

1. abilities
2. length
3. policies
4. needs
5. weather
6. seasons
7. quickly
8. space
9. number
10. play

ACTIVITY 24-7

1. Avoid getting too involved in children's play.
2. Avoid providing toys which are not age-appropriate. Do not use toys at the wrong times.
3. Avoid providing too many toys. Do not overwhelm a child by giving too many choices.
4. Avoid providing separate activities for girls and boys. Do not prohibit boys and girls from doing the same activities.
5. Avoid encouraging serious competition. Do not allow winning to become more important than playing.

ACTIVITY 24-9

1. True
2. False – Few programs can afford all the materials and equipment they would like to have.
3. True
4. False – Caregivers should notify the teacher or director when the stock of supplies is low.
5. False – Creative directors and caregivers will find inexpensive or free sources for many materials and supplies.

CHAPTER 25

ACTIVITY 25-3

1. Protein or Calcium, Vitamin A
2. Protein
3. Vitamin C
4. Iron, B Vitamins
5. B Vitamins
6. Vitamin C
7. Iron
8. Iron
9. Starches, Carbohydrates
10. Fats or Protein
11. Vitamin A
12. Starches, Carbohydrates
13. Sugar, Carbohydrates
14. Fats
15. Vitamin C
16. Vitamin A

ACTIVITY 25-4

1. Repair of damaged tissue and growth of new tissue
2. Meet the body's energy needs
3. Provide energy; help the body use certain vitamins
4. Promotes healthy skin and vision; promotes normal growth
5. Helps the body use minerals needed for bone and tooth development
6. Breaks down carbohydrates, fats, and protein during digestion; growth and blood formation
7. Helps the body use minerals; helps in the healing process by forming new tissue
8. Bone growth and hardening; formation of teeth
9. Necessary for healthy blood

ACTIVITY 25-5

1. ice cream
   cheese
2. potato
   tomato
   cauliflower
   green beans
   carrots
3. hamburger patty
   tuna
   peanuts
   chicken
4. macaroni noodles
   rice
   spaghetti noodles
   oatmeal
5. butter
   chocolate chip cookies
   cake

ACTIVITY 25-6

1. Agree – Good nutrition helps children develop in all areas to the best potential.
2. Disagree – A child's birth weight usually triples within the first year, the time of fastest growth.
3. Disagree – Children need a wide variety of foods, even if they have a smaller appetite and slowed growth rate.
4. Agree – Foods with empty calories are often high in sugar and promote tooth decay and obesity.
5. Disagree – "Empty calories" describes food that contains few nutrients and is high in calories.

ACTIVITY 25-7

1. False – Cycle menus are repeated during a season.
2. True
3. False – Several people should be involved in menu planning.
4. False – A menu planning committee can meet four times a year or once a season.
5. False – Children should not be allowed to nibble throughout the day.
6. True

ACTIVITY 25-8

1. Identify items to be purchased.
2. Use amount on hand as a basis for deciding how much to order.
3. Let past and expected use guide you.
4. Buy for a set period of time.
5. Keep inventory as low as possible.
6. Order to specification.
7. Buy the quality needed at the lowest cost.
8. Beware of bargains.
9. Deal with reliable and reputable suppliers or purveyors.
10. Purchase locally from a few suppliers.

Cabinet
dry cereal
canned corn
macaroni noodles
canned tuna fish
crackers
cookies

Refrigerator
cheese
milk
lettuce
fresh carrots
fresh tomatoes
chicken

Freezer
orange juice concentrate
frozen fish sticks
chicken
ice cream
frozen fruit treats

ACTIVITY 25-9

Food service equipment needed for use in a child care program:

Hand sink
Shelving for dry storage
Utensils
Cutlery
Refrigerator
Range with oven
Mixing Bowls
Freezer
Ventilating system over cooking equipment
Pots and pans
Measuring equipment
Work tables or counters
Three-compartment dishwashing sink

ACTIVITY 25-10

1. handles
2. sanitize
3. separate
4. hair
5. base
6. health
7. apron
8. clean
9. handling
10. Wash
11. cut

ACTIVITY 25-11

1. B
2. C
3. D
4. A
5. B

CHAPTER 26

ACTIVITY 26-2

1. Tuition fees
2. break-even analysis
3. government
4. funding agencies
5. funds
6. proposal
7. budget
8. incorrectly
9. lump sum
10. exact

ACTIVITY 26-3

1. All checks are written from a business checking account. Fees are received and recorded. Information is submitted to an accounting firm. Expenses are recorded on vouchers.
2. A general journal is a book in which financial events are written down each day as they happen. Each event is described and the date and dollar amounts are recorded. An account number tells where to post a transaction in the ledgers.
3. Rent, food, equipment, and utilities
4. The payroll ledger has a separate account for each employee. It shows deductions taken from each employee's paycheck.
5. An in-kind contribution is a non-cash resource donated to the program. It includes volunteer time, free use of building space, and supplies donated for children's use. In-kind contributions represent real funding and should be recorded with a dollar value so true program costs can be figured.

ACTIVITY 26-4

1. gross wages
2. Deductions
3. Federal Income Tax Withholding
4. voluntary
5. health insurance
6. net wages
7. payroll ledger
8. FICA
   Small Business Administration

ACTIVITY 26-5

1. True
2. False – A variety of methods can be used to keep inventory records. The director decides which will work best.
3. False – Consumable supplies such as food need to be inventoried regularly.
4. True
5. True
6. False – Classroom inventory records show what is missing or in need of repair.
7. True
8. False – A classroom inventory can help in reordering materials.

ACTIVITY 26-6

Rebus Answer: Salaries and Benefits

1. rent
2. utilities
3. supplies
4. food
5. equipment
6. training

ACTIVITY 26-7

1. Protects employees who might be injured on the job; pays for medical bills and loss of salary until employee returns to work; required in all states
2. Required for all non-profit businesses; pays former employees who file for unemployment benefits
3. Protects program from loss due to neglect; covers bodily injury, property damage, emergency medical expenses, and legal costs
4. Pays for damages from a lawsuit for libel or slander
5. Applies to programs which rent or lease a building
6. Coverage ranges from bodily injury to uninsured motorist; child care programs owning vehicles should be fully insured.

ACTIVITY 26-8

1. No
2. Yes
3. Yes
4. No
5. No
6. Yes
7. No
8. Yes
9. Yes

CHAPTER 27

ACTIVITY 27-2

1. Consistent guidelines can be used at home and at the center; the child knows what is expected of him or her.
2. The accomplishments of the child and the frustration with the child can be shared. Parents and teachers can better understand the child's level of development.
3. Parents and teachers have the opportunity to support each other. Each adult can be a listener for the other when problems arise.
4. Parent and teacher conferences prevent a lack of communication.

ACTIVITY 27-3

1. –
2. +
3. +
4. +
5. +
6. –
7. +

ACTIVITY 27-4

1. admit
2. caregiver
3. policy
4. interest
5. blaming
6. director
7. angry
8. change
9. express
10. competence
11. care
12. feelings
13. governing
14. disagreements

ACTIVITY 27-5

1. volunteer
2. donating
3. area
4. involved
5. work schedules
6. long-range

ACTIVITY 27-6

Community Resources:

agencies
services
volunteer workers

ACTIVITY 27-8

Down

1. appearance
2. image
4. meetings
5. Ads
7. value

Across

1. aware
3. name
4. market
6. inform

ACTIVITY 27-9

1. ★
2. ★
3.
4. ★
5.
6.
7. ★
8.
9. ★
10. ★

Child Care and Guidance Management and Services

Student Activity Book

CHILD CARE AND GUIDANCE, MANAGEMENT, AND SERVICES

Student Activity Book

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COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION
Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a non-segregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

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TITLE VII, CIVIL RIGHTS ACT OF 1964; EXECUTIVE ORDERS 11246 AND 11375; TITLE IX, 1973 EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; AND VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974
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PREFACE

With ever-increasing numbers of women entering the paid labor force, great social changes have affected families and the need for child care in this country. More families are single-parent, female-headed families with young children. Statistics show that most employed women in the United States face clear economic needs and desire good quality child care for their children.

A number of factors have been identified which directly relate to positive outcomes for children from child care programs. One factor is the training of caregivers. Specialized training has been found to have positive effects as well as prevent negative effects on children enrolled in child care facilities. Occupational child care training programs provide excellent opportunities for students to be trained as child caregivers.

Career opportunities range from beginning jobs open to the inexperienced, to positions in teaching and administration (some requiring advanced training). Employment opportunities and qualification requirements of employees vary significantly according to location, child care facility, and program goals and objectives. Therefore, potential child care employees will find varying situations available for employment. The *Child Care and Guidance, Management, and Services* occupational curriculum materials present information based on ideal employment situations which may be found in the field of child care. Readers should understand that situations vary and that the concepts presented can easily be adapted for application in different child care settings.

Occupational Education Series

Child Care and Guidance, Management, and Services is part of an occupational education series which focuses on a broad range of employment opportunities. Each title in the series addresses one career cluster. The materials may be used for one or two years of instruction. The instructional materials designed for this cluster include three components:

- The *Reference Book* provides information needed by employees in the occupational area. Each chapter begins with Essential Elements and Objectives to Achieve. Within the text, italicized, bold-faced vocabulary terms are included with definitions or explanations. Illustrations aid student learning. The content of each chapter is summarized in Points to Remember. The vocabulary terms are repeated in a list of Words to Know. Technical terms and concepts may be located quickly by using the index. Questions for Review are provided for the student as a self-test.
- The *Curriculum Guide* provides a variety of teacher information. Teaching strategies, teaching aids, laboratory management guides, and test questions are coordinated with the chapters in the reference book.
- The *Student Activity Book* provides a variety of pencil-and-paper activities. Activities are provided for all objectives on the Objectives to Achieve lists and correlate with chapters in the reference book.

Student Activity book

The *Child Care and Guidance, Management, and Services* student activity book was developed to accompany the reference book. Its 27 chapters coorespond to the 27 chapters in the reference book with activities designed to reinforce the concepts presented in the reference book.

Each chapter begins with Essential Elements and Objectives to Achieve, followed by information describing the purpose of the chapter. The first activity is the same for each chapter: defining terms from the Words to Know list found in the reference book. The remainder of the chapter includes various types of activities to reinforce concepts covered.

1

Chapter One
The Child Care Profession

ESSENTIAL ELEMENT

- Apply procedures and policies in a child care setting.(f4A)

OBJECTIVES TO ACHIEVE

- Explain the family's role as the primary caregiver of the child.
- Identify reasons for the increased demand for child care services.
- Identify the characteristics of a good child care program.
- Describe ways child care programs may be classified.
- Identify recent trends in child care.

The need for child care in our society has increased significantly in the last several years. Changes in our society have affected the need for child care. More women work outside the home today than ever before. More single-parent households exist today. An increased interest in early childhood education has also created more demand for child care. Parents are the primary caregivers for their children. The child care profession provides secondary care.

This chapter will increase your awareness of the child care profession, different classifications of programs, the variety of different services offered through programs, and how child care programs are funded.

ACTIVITY 1-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

caregiver ____

child care ____

child care center ______________________________________

child care profession ___________________________________

comprehensive care ____________________________________

curriculum ____

custodial care ____

developmental care _____________________________________

early childhood education ________________________________

extended-day programs __________________________________

family day home ______________________________________

franchise ____

full-day programs _____________________________________

group care ____

half-day programs _____________________________________

individual care _______________________________________

kindergarten ____

learning philosophy ____________________________________

primary caregivers _____________________________________

secondary care _______________________________________

sliding fee scale _______________________________________

ACTIVITY 1-1 (continued)

social services

ADDITIONAL TERMS

ACTIVITY 1-2

DIRECTIONS: Write a paragraph explaining the family's role as the primary caregiver of the child.

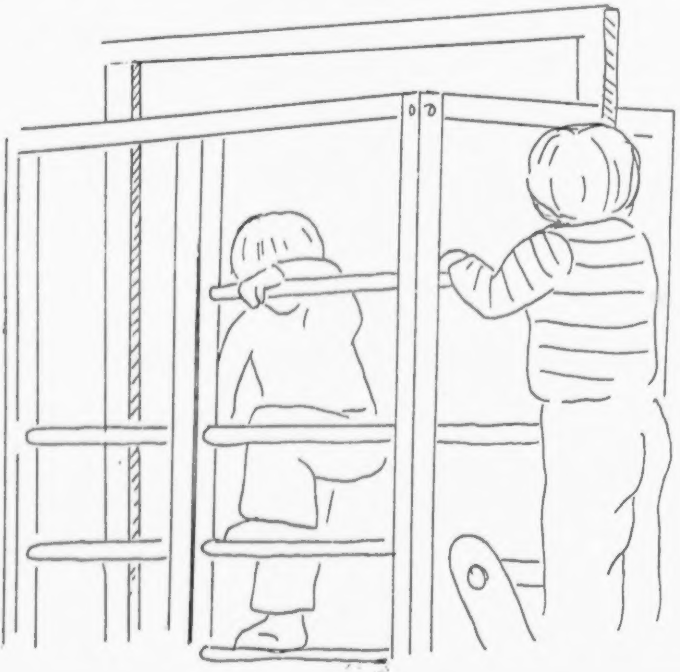
ACTIVITY 1-3

DIRECTIONS: Identify reasons for the increased demand for child care services by completing the following activity. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. The need for child care usually decreases as more women work outside the home.
		2. More unemployed parents who do not need child care services are choosing to use child care because they prefer that other people keep their children.
		3. Changing lifestyles affect the number of working parents.
		4. The increased number of mothers working outside the home has resulted in an increased demand for infant and toddler child care programs.
		5. It is projected that in the future, there will be fewer children with single mothers who are employed.

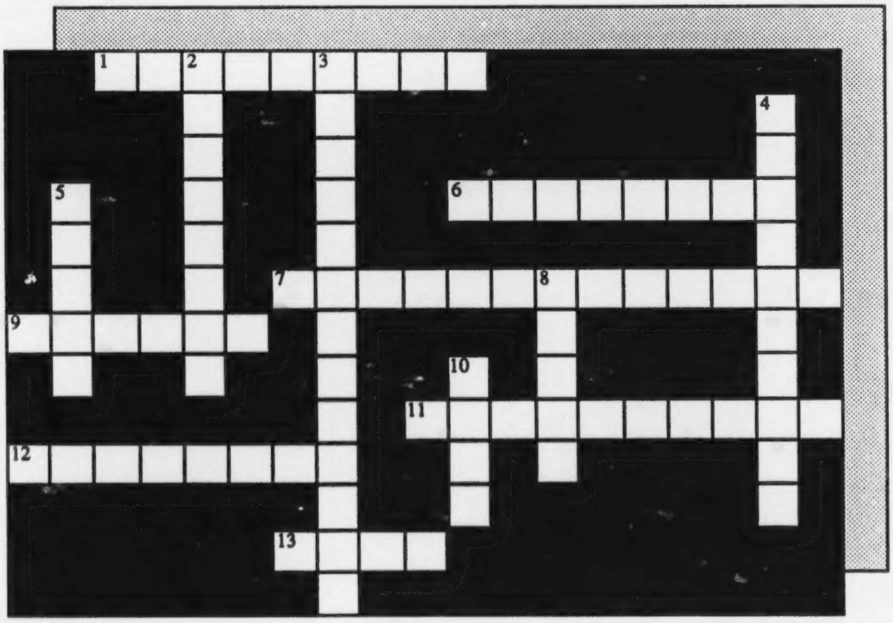
ACTIVITY 1-4

DIRECTIONS: Identify purposes of a good child care program. Write a poem or paragraph using those characteristics.



ACTIVITY 1-5

DIRECTIONS: Read the clues below related to ways in which child care programs are classified. Complete each clue by placing the correct word in the blank. Complete the crossword puzzle using underlined words from the numbered clues.



Across

1. ________________ care is a type of child care which focuses mainly on safety and health.

6. ________________ day programs offer before-school, after-school, and sometimes holiday or summer care for children.

7. Child care programs that offer ________________ care provide a safe setting, developmental programs, and health services to children and their families.

9. Since sources of payment for the cost of child care differ, programs are sometimes classified according to how they are ________________.

11. Sometimes, child care programs are classified differently since ________________ used in teaching and learning may be based on different learning philosophies.

12. One way that child care programs are classified is by the number of ________________ they serve.

13. Programs that offer services for four hours or less are called ________________ day programs.

ACTIVITY 1-5 (continued)

Down

2. A third way to classify child care programs is by the types of ________________ offered to families.

3. Child care programs offering ________________ care provide a safe setting and planned activities based on knowledge of early childhood education principles.

4. ________________ care usually involves one caregiver using his or her home to care for one child, one family's children, or children from different families.

5. In ________________ care, as few as six children to as many as 200 or more children may be cared for in one location.

8. Child care programs can be classified according to how many ________________ they are open.

10. ________________ day programs offer sessions of more than four hours but less than 13 hours.

ACTIVITY 1-6

DIRECTIONS: Each of the following sentences contains a scrambled word. To identify the most recent trends in child care, write the unscrambled word in the space provided to the left of each sentence.

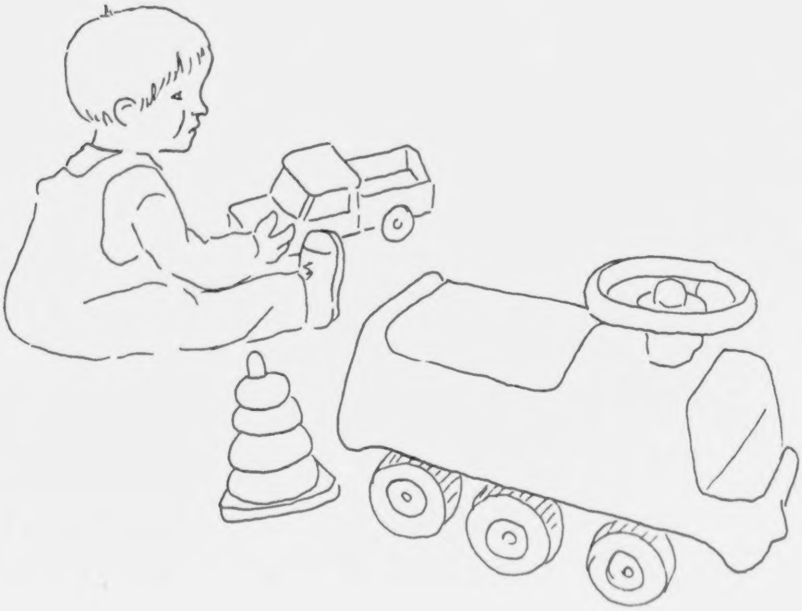
1. ______________________ Because of the trend for mothers of young children to work, there are more programs for FISNTAN and toddlers.

2. ______________________ A growing trend in child care programs is PREMEOLY sponsored child care services.

3. ______________________ Public schools now accept some of the STOC of child care by requiring kindergarten programs for five-year-olds.

4. ______________________ Many schools are changing their kindergarten DHECUSSEL from half day to full day.

5. ______________________ CUBPIL schools in some states are offering programs for four-year-olds.



2

Chapter Two
Careers in Child Care

ESSENTIAL ELEMENTS

- Identify employment opportunities and preparation requirements in chosen field.(a2A)
- Relate personal characteristics to the appropriate career(s) addressed within each home economics course.(a7A)
- Discuss demands and rewards in relation to personal and family life.(a7C)

OBJECTIVES TO ACHIEVE

- Identify levels of employment and job titles in the field of child care.
- List the requirements for various levels of child care employment.
- Describe the qualities of successful child caregivers.
- Explain how to get and keep a job in child care.
- Explain ways to advance in the child care profession.

A variety of jobs exist in the field of child care which offer good career opportunities. Some jobs can be done with little experience. Others require special training, education, and experience. Child care jobs are classified in different ways to describe the tasks done by persons hired to do these jobs.

This chapter reviews general types of job categories in child care which may be found in different child care facilities. It also covers qualities which good child care workers should possess. General information is included on employment skills related to getting a job, keeping a job, and advancing in child care careers.

ACTIVITY 2-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

associate teacher

Child Development Associate (CDA)

communication

confidentiality

cooperation

credential

dependable

entry-level

ethical

in-service training

orientation

professional

references

resumé

specialist

teacher

teacher assistant

ADDITIONAL TERMS

ACTIVITY 2-2

DIRECTIONS: Identify levels of employment and job titles in the field of child care by completing the following sentences. Supply the most appropriate words to complete the sentences. Write the answers in the spaces provided.

1. A teacher assistant is considered a/an __________ position.

☐☐☐☐☐-☐☐☐☐☐

2. A professional certified teacher is a/an __________ position.

☐☐☐☐☐▨☐

3. __________ teachers are those classified as level 2 caregivers.

☐☐☐☐☐☐☐☐☐

4. Level 4 jobs are __________ jobs.

☐☐☐☐☐☐☐☐☐☐☐☐▨☐☐☐☐☐☐☐☐☐☐

5. An entry-level job is one that requires no special __________ .

☐☐☐☐☐☐☐☐

6. Although associate teachers and teachers may do similar work, their different titles show that they have different __________ .

☐☐☐☐☐☐☐☐☐▨☐☐☐☐☐☐

7. Job titles at level 3, besides professional certified teacher, are teacher, supervisor, lead teacher, and __________ .

☐☐☐☐☐▨☐☐☐☐☐☐☐☐☐☐☐▨☐☐☐☐☐☐☐☐

8. Trainees, students in training, child care aides, day care aides, and child development aides all hold __________ jobs.

☐☐☐☐☐-☐☐☐☐☐

ACTIVITY 2-2 (continued)

9. Persons who hold level 4 child care jobs are often called __________ .

☐☐☐☐☐▨☐☐☐☐☐☐☐☐☐▨☐☐☐☐☐☐☐☐☐☐

10. Social workers, special education teachers, pediatricians, and dentists are all professionals who specialize in working with __________ .

☐☐☐☐☐☐☐☐

ACTIVITY 2-3

DIRECTIONS: List the requirements for various levels of child care employment by completing the following exercise. Read each of the situations below and respond by writing answers in the spaces provided.

1. Mrs. Garcia is a professional certified teacher. Her job title shows that her position is a level 3 job. What are the requirements Mrs. Garcia met in order to hold her position?

   ____

   ____

2. Mrs. Morrow, a middle-aged woman, is employed as a child care aide at a local day care center. What training was Mrs. Morrow required to receive before being hired as an aide?

   ____

   ____

3. Ms. Coffman is classified as a level 2 associate teacher. There are two ways she could have prepared herself for her job. What are those two alternatives?

   ____

   ____

4. Mr. Robertson wants to be an early childhood specialist. What requirements must he first fulfill?

   ____

   ____

ACTIVITY 2-4

DIRECTIONS: Place a √ in the blanks to the left of the traits which you feel you possess as a child caregiver. Place an X by any qualities which you honestly do not feel you have at the present time.

_____ 1. I care for and have concern for children.

_____ 2. I want to learn more about how young children develop.

_____ 3. I know how to communicate well with children.

_____ 4. I know how to communicate well with adults.

_____ 5. I have good physical health.

_____ 6. I have good mental health.

_____ 7. I am an honest, fair, and loyal person.

_____ 8. I try to keep a positive attitude about any work I do.

_____ 9. I am interested in a career as a child caregiver.

_____ 10. I like being around children.

_____ 11. I have plenty of energy.

_____ 12. I am well groomed and clean when I go to school and work.

_____ 13. I feel good about myself as a person.

_____ 14. I will not share confidential information with anyone except my supervisor.

_____ 15. I am cheerful and enthusiastic about my job as a child caregiver.

_____ 16. My employer can count on me to be trustworthy and dependable.

_____ 17. I am willing to be a team member and help other caregivers when help is needed.

ACTIVITY 2-4 (continued)

You have identified the qualities you possess and the traits you do not presently have. Now, write a short paragraph about the goals you need to set for yourself in order to develop the qualities which you marked with an X. Briefly explain how you plan to reach your goals.

ACTIVITY 2-5

DIRECTIONS: Read the following statements about how to get and keep a job in child care. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. One way to find a job in child care is to locate available job descriptions.
		2. Using the classified ads in a newspaper is about the only way to find out about job openings.
		3. Child care directors often contact high school counselors and/or training supervisors when they have job openings.
		4. It is usually best to apply for work at only one child care center in order to prevent confusion in making a job choice.
		5. If only an address is given in a job listing, it is best to drop by the office for a visit.
		6. A list of references should be taken to a job interview.

ACTIVITY 2-5 (continued)

TRUE	FALSE	STATEMENT
		7. It is appropriate to submit a hand written resumé to a potential employer.
		8. Job applicants are usually not asked to complete a job application if they are given a job interview.
		9. It is best to arrive at least five minutes early for a job interview.
		10. It is best if a job applicant does not ask questions during a job interview.
		11. Cooperation is more important in getting a job than keeping a job.
		12. It usually helps a child caregiver to keep a job if he or she completes as many jobs as possible involving the children, even when the jobs are assigned to other people.
		13. A new child care worker can usually expect to go through an orientation process at the beginning of employment.

ACTIVITY 2-6

DIRECTIONS: Write a paragraph explaining ways to advance in the child care profession.

3

Chapter Three
The Child Care Center

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques.(f4E)
- Apply principles for maintaining a safe and healthy environment.(f3C)
- Assist with management procedures in the child care setting.(f4F)
- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Identify signs of child abuse.(f2A)
- Describe appropriate procedures for responding to suspected child abuse.(f2B)

OBJECTIVES TO ACHIEVE

- Explain the chain of command in a typical child care center.
- Explain the need for a predetermined reassignment of staff duties in case of emergency.
- Describe and explain typical age and/or developmental groupings in a comprehensive child care center.
- Describe appropriate child care staff interrelationships and appropriate interactions with children and parents.
- List the reporting and record keeping duties of child care staff.
- Identify the personal and center liability concerns of child care.
- Explain the signs of child abuse.
- Demonstrate knowledge of child abuse reporting laws.

This chapter explains how children are grouped in different child care programs. It covers staff duties and relationships, the importance of good relationships with parents, and guidelines for interacting with children. The importance of accurate reporting and record keeping, liability concerns, emergency procedures, and signs of child abuse and neglect are emphasized.

ACTIVITY 3-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

age-level coordinator ____________________

board of directors ____________________

chain of command ____________________

child abuse ____________________

child abuse reporting laws ____________________

developmental stage grouping ____________________

director ____________________

emergency ____________________

extended day programs ____________________

lead teachers ____________________

liability ____________________

multi-age grouping ____________________

neglect ____________________

peer relationship ____________________

record keeping ____________________

reporting ____________________

self-care programs ____________________

subordinate relationships ____________________

supervisory relationship ____________________

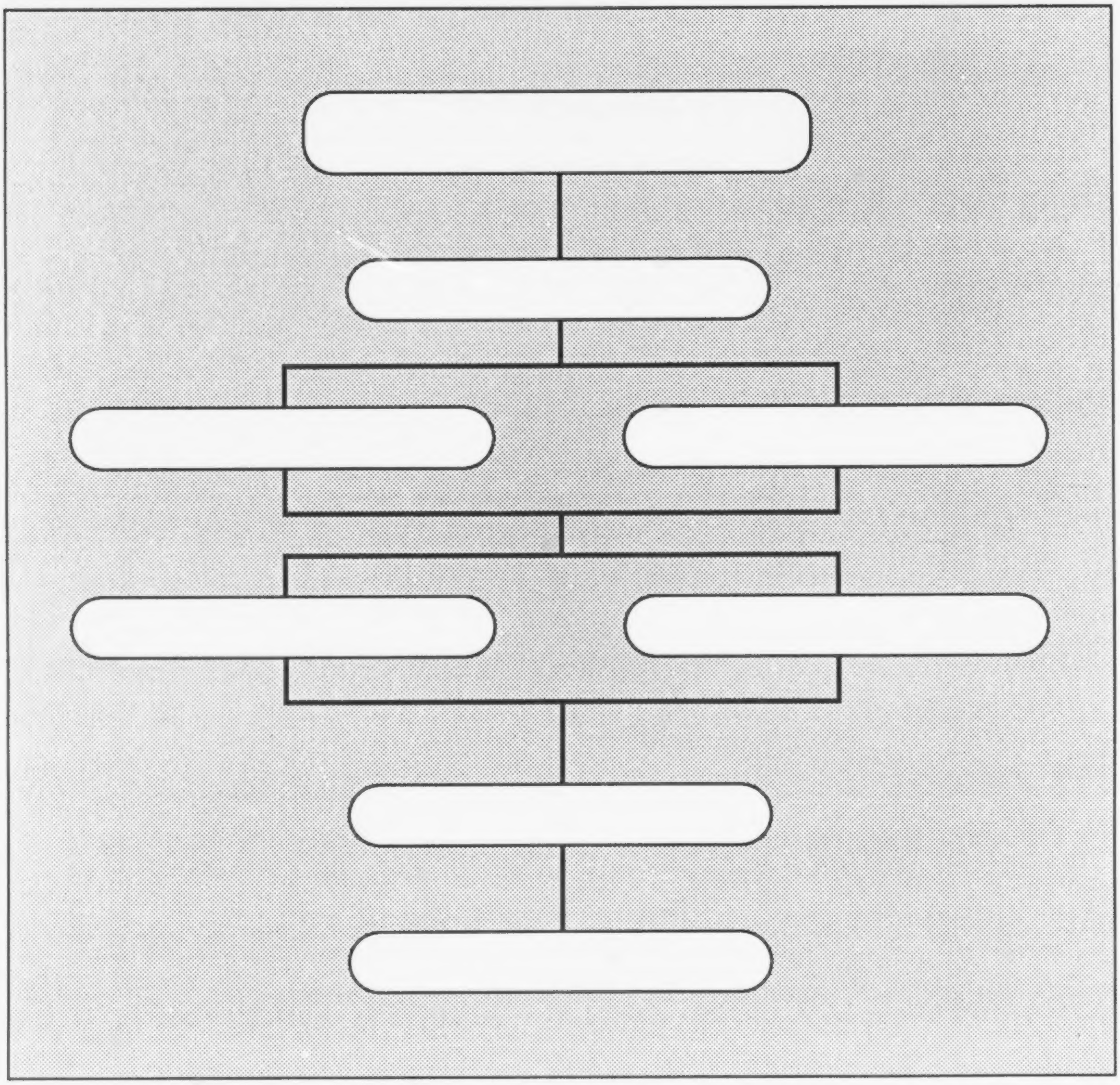
ADDITIONAL TERMS

____

____

ACTIVITY 3-2

DIRECTIONS: Complete the following diagram by filling in the job titles of child care workers at the appropriate levels of the chain of command.



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ACTIVITY 3-2 (continued)

DIRECTIONS: In each numbered space below, list a level of the chain of command for a child care center from the diagram on the previous page. Summarize the basic responsibilities of each level of the chain in the space provided beside each name.

Job Title	Responsibilities
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

ACTIVITY 3-3

DIRECTIONS: Write a paragraph explaining the need for a predetermined reassignment of staff duties in case of emergency.

ACTIVITY 3-4

DIRECTIONS: Explain typical age and/or developmental groupings in a comprehensive child care center by matching the grouping with its description. Place the letter of the grouping in the blank to the left of its description. Some words may be used more than once.

	DESCRIPTION	GROUPING
_____	1. Organizing groups of infants, toddlers, preschoolers, school-age children, etc.	A. Toddlers
_____	2. Grouping children of different age levels together	B. Multi-age
_____	3. Program for groups of children five years of age	C. Developmental Stage
_____	4. Programs for groups of children from one to three years of age	D. Extended Day Program
_____	5. Programs offered for school-age children before or after school, during holidays, and in the summer	E. Kindergarten Age
_____	6. Programs offered for ages three and four	F. Infants
_____	7. Programs offered to older school-age children who stay at home but may be frightened and need help	G. Age
_____	8. Children who are grouped according to how mature they are	H. Preschoolers
		I. Latch-key Program

ACTIVITY 3-5

DIRECTIONS: Describe child care staff interrelationships and appropriate interactions with children and parents by completing the following activity. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. If the child care center does not have a policy for reporting complaints, it is best to talk to your supervisor privately about a concern.
		2. It is best not to volunteer to help other caregivers with their assignments because your work is more important.
		3. While at work, a caregiver should put personal goals first in order to be the best person possible.
		4. A child caregiver should know his/her own duties and be aware of the duties of other staff members.
		5. When parents arrive to pick up their children, it is their responsibility to get their children ready to go home.
		6. It is important for all caregivers to report all examples of a child's behavior, both negative and positive, to the child's parents.

ACTIVITY 3-5 (continued)

TRUE	FALSE	STATEMENT
		7. It is important for caregivers to be able to communicate well with both children and adults.
		8. Information which concerns the well-being of a child or of the child care center should be shared with other caregivers so that they are aware of potential problems.
		9. To communicate well with a child, a caregiver should make eye contact and sit or kneel down so the child can see the caregiver face-to-face.
		10. It is most important to help children reach goals even if the rules of the center are not followed exactly.
		11. If parents demand information which a caregiver is not authorized to give, it is best to give the information, to prevent parents from being upset.

ACTIVITY 3-6

DIRECTIONS: List the reporting and record keeping duties of child care staff by completing the following sentences. Supply the missing letters for the most appropriate word to complete each sentence. Write the answer in the space provided.

1. Reporting by a child caregiver involves telling appropriate staff members accurate __________ at the proper time.

	N			R				I		

2. The director of a child care center is responsible for telling the staff members what types of information need to be __________ .

	E		O			E	

3. All __________ should be reported, even if they may not seem important or serious when they happen.

	C		I					S

4. Caregivers should report both positive and negative behavior __________ seen in children.

	H			G		

5. A caregiver should report to the supervisor any bits of information gained which indicate that a family needs __________ .

		L	

6. A child caregiver should report to a supervisor any __________ of child abuse or neglect.

	V				N		

7. Equipment and supplies in the child care center should be observed regularly so that any __________ situations may be reported immediately.

		N			R			

8. Needed supplies should be requested in time for the center to provide new supplies __________ the old ones are used up.

		F		R	

9. A caregiver should report complaints about other staff members only if the __________ of a child or the reputation of the center is involved.

		L	L	-					

ACTIVITY 3-7

DIRECTIONS: Unscramble the words in the left-hand column to complete the sentences describing the personal and center liability concerns of a child care center. Write the unscrambled words in the boxes. After unscrambling the word(s) for each item, write another complete sentence in the space provided, using the unscrambled word(s).

1. **B A I L L I Y T I** ☐☐☐☐☐☐☐☐☐	_______ means being responsible financially and/or legally for injury to a person.
2. **S S E E I L R O B P N** ☐☐☐☐☐☐☐☐☐☐☐	Child care centers or individual caregivers can be held legally _______ for injuries that occur at a child care center.
3. **T N R W T I E** ☐☐☐☐☐☐☐	Child care centers are less likely to be held liable for injuries if they have _______ safety, emergency, and staff conduct policies and procedures.
4. **P E E E L M Y O** ☐☐☐☐☐☐☐☐	Every _______ should be given a written copy of the child care center's policies and procedures.
5. **T S D N A R A S D** ☐☐☐☐☐☐☐☐☐ **L P C O I S I E** ☐☐☐☐☐☐☐☐	Individual child caregivers are less likely to be held liable for injuries that occur to children in their care if it can be proven that licensing _______ and center _______ were followed.

ACTIVITY 3-8

DIRECTIONS: Write a poem or song that explains possible signs of child abuse.

ACTIVITY 3-9

DIRECTIONS: Demonstrate a knowledge of child abuse reporting laws by selecting the most appropriate word or phrase from the list that best completes the sentence. Place the word or phrase in the blank to complete the sentence.

Child
Child Caregiver
Investigation
Private Setting
Social Service Worker
Supervisor

1. Each ______________________ should learn about the law in the state where he or she works.

2. It is against the law in every state to abuse a/an ______________________ .

3. Any person working at a child care center who knows of a possible case of child abuse should report the concern to her or his supervisor in a/an ______________________ .

4. The ______________________ should report any suspicion of child abuse to the closest social service or child welfare agency.

5. Once a report of child abuse is received, a/an ______________________ begins in order to protect the child.

4

Chapter Four
Influences on the Development of Children

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Describe appropriate procedures for responding to suspected child abuse.(f2B)

OBJECTIVES TO ACHIEVE

- Explain how the physical, social, emotional, and mental/intellectual development of children is affected by the family.
- Identify problems experienced by single-parent families and blended families.
- Describe the impact of divorce, family violence, and illness or death of a family member on children and families.
- Describe the impact of a family's ethnic background, religion, income level, and mobility on the development of children.
- Explain ways in which playmates, television, culture, and social institutions affect development of children.
- Consider ways for child caregivers to communicate with parents to aid the development of their children.

Various factors affect the physical, social, emotional, and mental development of children. The family has a major effect on how children develop. In addition, other factors such as television, the sex of the child, peers, conscience, moral beliefs, culture, and social institutions affect a child.

This chapter will increase the caregiver's awareness of influences which are important to children's development. Having a basic knowledge of these influences helps caregivers to improve their basic understanding of children.

ACTIVITY 4-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

blended family ____________________

conscience ____________________

culture ____________________

custody ____________________

developmental regressions ____________________

ethnic group ____________________

extended families ____________________

mobility ____________________

moral development ____________________

nuclear families ____________________

peer pressure ____________________

self-concept ____________________

self-image ____________________

siblings ____________________

single-parent families ____________________

social development ____________________

social institutions ____________________

socialization ____________________

society ____________________

spouse ____________________

ACTIVITY 4-1 (continued)

ADDITIONAL TERMS

ACTIVITY 4-2

DIRECTIONS: Explain how the physical, social, emotional, and mental/intellectual development of children is affected by the family through completion of the following sentences. Supply the missing letters for the most appropriate word to complete each sentence. Write the answer in the space provided.

1. Neglect of children's basic needs may cause __________ harm, mental retardation, or even death.

	H	Y					L

2. __________ and other family members are responsible for providing food, clothing, shelter, love, and affection.

		R		N		

3. __________ involves learning to adjust to surroundings.

			I				D					O				N	

4. The __________ of a child influences the child's social development, especially when young boys and girls are treated differently.

	E	

5. __________ adults help children to develop positive values about their roles in life.

	O		-	S			I		

6. Other children in a family, called __________ , affect a child's social development.

	I				N		S

7. The family can offer children affection, attention, and a sense of __________ , which are important for emotional development.

		L		N				G

8. The family influences how a child's __________ develops through what they teach the child and how they support the child.

	I		

9. As a child becomes more mentally mature, he or she develops a/an __________ , a feeling for what is right and wrong.

		N		C				C	

ACTIVITY 4-2 (continued)

10. Too much __________ from parents for children to do well can frustrate children and make them give up on learning.

	R			S			E

11. The development of morals and a conscience relate closely to __________ and __________ development, as well as mental development.

	O			A	

	M		T					L

ACTIVITY 4-3

DIRECTIONS: To recognize problems of single-parent families and blended families, read and analyze the following case situations. Based on the description of the family, identify major problems the family is experiencing as a result of their situation.

1

Anita Caldwell is a single parent as a result of her husband's death following a car accident. Anita's husband has enough insurance coverage to provide her with some income each month. In addition, she works as a secretary to be able to provide her family a nice place to live and other basic needs. Anita has a son, Mark, who is eight years old, and a daughter, Sarah, who is four years old. Sarah is enrolled in a child care program several blocks from the Caldwells' neighborhood. Mark is in the third grade in an elementary school which is in a different neighborhood from the child care center and Anita's office. Anita has no other family members living in the town where they reside. What will be Anita's major problem on a daily basis with her situation as a single parent?

____

____

____

2

Jack and Darla Monroe recently divorced. Darla has custody of the children, Sandra (age 13), Robert (age 10), and Leon (age 5). Jack has moved and Darla has not received any child support money from him since the divorce. Darla did not graduate from high school and has never been employed before. She is hunting a job but is having a difficult time since she has no education, work experience, or skills which qualify her for the job openings in her community. She is presently receiving welfare checks. What is Darla's major problem with being a single parent? Explain how this problem leads to other difficulties in caring for her children.

____

____

____

3

Will Phillips is the young father of a six-year-old son, Blake. Will and his wife recently separated. His wife, Phyllis, has moved to another city with her parents, leaving Will with Blake. Will was recently employed in a new job and only had a limited amount of sick leave to take. After Will used his sick leave during an illness, Blake became ill. Will only has one day of vacation time he can take. After this, he cannot miss work or he may lose his job. Blake needs to be taken to the doctor and cared for at home for a few days. Explain Will's problems which result from being a single parent.

4

Olivia Solis is a single parent of two sons, Manuel and Christopher. She is engaged to be married to Henry Ramos who is also a single parent of two sons. After the wedding, all four boys will be living together with their parents. Explain some of the problems which may occur with such a blended family.

ACTIVITY 4-4

DIRECTIONS: Write a report describing the impact of divorce, family violence, and illness or death of a family member on children and families.

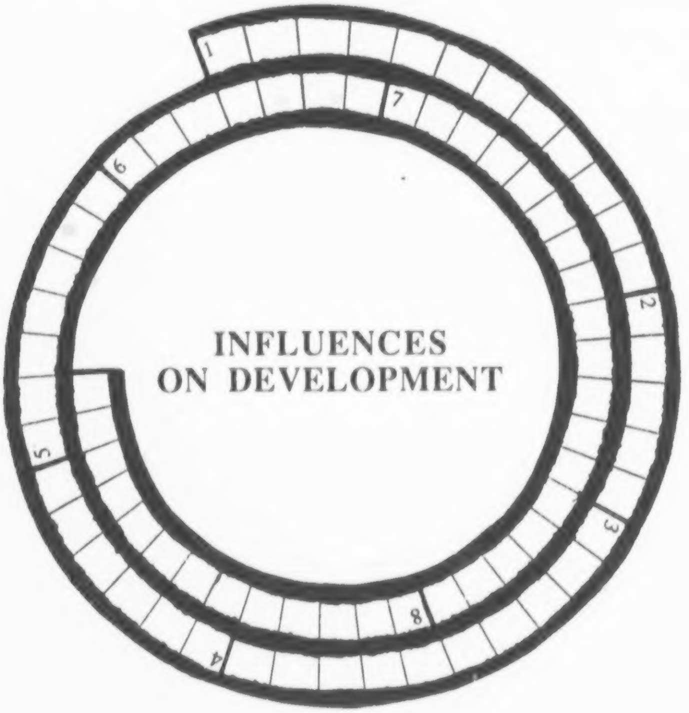
ACTIVITY 4-5

DIRECTIONS: Describe the impact of a family's ethnic background, religion, income level and mobility on the development of children. Read each statement. If the statement is true, place a √ in the "True" column. If the statement is false, place a √ in the "False" column. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Learning the customs of different ethnic groups helps children to learn to accept and like children from ethnic groups which are different from their own.
		2. The different religious beliefs held by different families actually have little effect on the values and behavior of children.
		3. A child who has chances to go places, see things, and have different toys and books may develop better socially and mentally than a child whose family cannot afford such things.
		4. It has been found that a family's income level does not have much effect on the development of their children.
		5. When children are young, they have no problems adjusting if their family moves to a new place. Meeting new friends is rarely a problem for children.

ACTIVITY 4-6

DIRECTIONS: To review the ways in which playmates, television, culture, and social institutions affect the development of children, complete the following activity. Read each statement below the puzzle. Then, write the missing word by the corresponding item number in the spiral puzzle.



1. _______ _______ is the group influence which children of about the same age have on each other. This influence is most powerful if the group is small and close. It is also greater when the group is together.

2. Having _______ relationships with other children is important for preschool children because they learn to get along with other people and to cooperate.

3. _______ programs which show beatings, murder, and other violence may teach children that these kinds of actions are acceptable.

4. Children may use people seen on television as _______ or heroes and repeat their actions or habits.

5. A _______ is a group of people who live in a certain place or general area and share a way of life.

6. A common heritage shared by a society is called a _______. It includes ways of behaving, thinking, and feeling.

7. Schools, neighborhoods, religious organizations, friends, communities, and the government are examples of _______ _______.

8. The process which allows children to learn about their culture and be members of society is called _______.

ACTIVITY 4-7

DIRECTIONS: Complete the following activity to review appropriate ways for child caregivers to communicate with parents. Decide if each statement explains an appropriate way for a child caregiver to communicate with parents. If so, place a √ in the "Yes" column. If the statement is not an appropriate way to communicate with parents, place a √ in the "No" column.

STATEMENT	YES	NO
1. It is helpful for a caregiver to understand how families affect children's values and behaviors.		
2. Caregivers should assume that they are the primary caregivers for each child enrolled at the child care facility.		
3. Caregivers have the right to influence children's behavior and values as they wish.		
4. Listening to parents and observing how they relate to their children may help a caregiver better understand a child's behavior or problems.		
5. Caregivers should always answer parents' questions nicely and honestly.		
6. Caregivers should always provide any information to parents if parents demand that it is needed.		

5 Chapter Five
A Wholesome Child Care Environment

ESSENTIAL ELEMENTS

- Analyze the components of a stimulating environment.(f3B)
- Describe factors affecting the growth and development of young children.(f1A)
- Apply classroom management and program planning techniques.(f4E)
- Summarize the need for proper climate control and lighting.(f3A)
- Apply principles for maintaining a safe and healthy environment.(f3C)

OBJECTIVES TO ACHIEVE

- Explain how indoor and outdoor space can be best used to contribute to the development of children.
- Determine types of furnishings, equipment, and supplies which create a wholesome child care environment.
- Describe the type of emotional child care environment which is healthy for children and contributes to other areas of development.
- Analyze factors that contribute to a quality social environment in a child care program.
- Explain factors that contribute to a quality mental/intellectual environment in a child care program.

A child care environment includes interactions of people, arrangement of time and space, and use of all parts of a facility. A wholesome child care environment cares for children, causes them to want to learn, and promotes full development. This chapter explains how indoor and outdoor learning spaces, furnishings, equipment, and supplies can be best used to enhance the development of children. The emotional, social, and intellectual aspects of the environment are examined in relation to ways that caregivers can create the most positive and wholesome environment for children.

ACTIVITY 5-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

emotional environment ______________________________

environment ______________________________

equipment ______________________________

furnishings ______________________________

indoor learning space ______________________________

large motor skills ______________________________

learning centers ______________________________

mental/intellectual environment ______________________________

outdoor learning space ______________________________

physical environment ______________________________

social environment ______________________________

stimulating environment ______________________________

supplies ______________________________

tactile ______________________________

wholesome ______________________________

ADDITIONAL TERMS

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ACTIVITY 5-2

DIRECTIONS: Read each space arrangement description. In the appropriate column, place an X to designate the space described.

INDOOR SPACE	OUTDOOR SPACE	SPACE ARRANGEMENT
		1. This space should have good heating, cooling, ventilation, and should not be too noisy.
		2. This space allows for arrival and departure, emergency aid activities, toileting, food preparation, and sleeping.
		3. This space should be enclosed with a fence to safely keep children inside.
		4. This space should be planned so children can hang up their own coats and do as much for themselves as possible.
		5. This space should have two unlocked exits so that children can be taken out quickly in case of an emergency.
		6. In this area gate latches should be high enough to be out of reach of children.
		7. For use of this area, a bathroom is convenient near the entrance of the building.
		8. In this space, there should be an area where an assigned worker welcomes and receives children each day.
		9. A special area in this space is reserved for use when a child is sick or injured.
		10. Supervision of children in this space is especially crucial.
		11. Each group of children should have a separate space designed to fit their needs.
		12. In this space, each classroom should have a bathroom space with child-sized bathroom fixtures for the age group using them.
		13. In this space, the food serving and preparation areas should meet the highest safety, health, and nutritional standards.
		14. This space should have various natural settings for children's enjoyment and development.
		15. Sleeping arrangements must be made for every child in this area.

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ACTIVITY 5-2 (continued)

INDOOR SPACE	OUTDOOR SPACE	SPACE ARRANGEMENT
		16. In this space, a variety of different surfaces will provide texture and tactile experience.
		17. In this space, areas are needed for use of wheeled toys, water play, running, and other similar activities.
		18. The majority of the surfaces for this area should be soft, but hard surfaces should also be available.
		19. Less active experiences such as painting, dramatic play, fingerpainting, and storytime could be provided in this space.

ACTIVITY 5-3

DIRECTIONS: Determine types of furnishings, equipment, and supplies which create a wholesome child care environment by completing the following activity. Select the most appropriate word(s) from the word list to best complete each sentence and place the word(s) in the appropriate blank.

carpeting
cribs
developmental level
equipment
food service
furnishings
hook
outdoors
preschoolers
sizes
storage space
sturdy
supplies
teachers
toddlers

1. Child care ____________________ should be easy to move, easy to clean, child-sized, and usable for different purposes.

2. Tables and chairs should be selected for the ____________________ of the children and the type of child care program.

3. Tables and chairs for a child care facility should be ____________________ and designed so they do not turn over easily.

4. Most indoor ____________________ such as bookcases, shelving, or dividers will line, or be built into, a wall.

5. Each child should have his or her own ____________________ for clothing and a shelf, bin, or cubbyhole for storing personal items.

6. Indoor storage space should be provided for ____________________ to store cleanup and maintenance equipment, personal belongings, supplies, and equipment not in use by the children.

7. ____________________ are necessary furnishings for child care programs with infants and young toddlers.

8. Since many indoor child care activities take place on the floor, ____________________ is useful in some activity areas.

9. ____________________ includes items that can be used over and over, such as books, puzzles, games, and blocks.

ACTIVITY 5-3 (continued)

10. ________________________ are items such as paper, crayons, paint, play dough, paste, and marking pens that will eventually be used up.

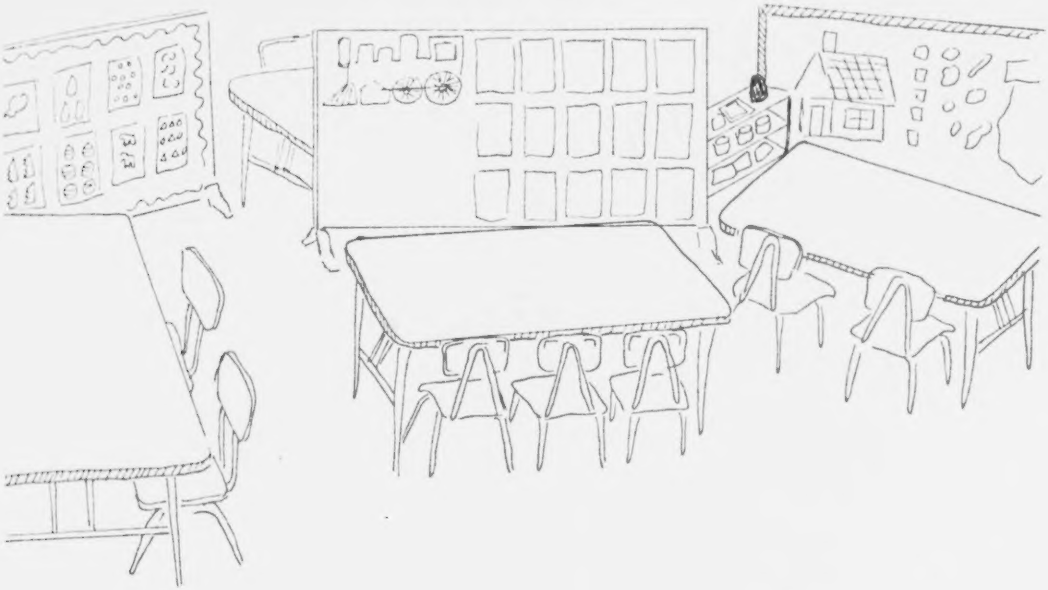
11. Appropriate equipment and supplies should be chosen to fit the needs of the age group or ________________________ within each learning center.

12. Equipment should be available for taking infants ________________________ for limited periods of time when the weather allows it.

13. It is often best to group indoor equipment for ________________________ so that toys which are the same type are grouped together.

14. Indoor equipment and supplies for ________________________ are usually organized and stored in classroom learning centers.

15. ________________________ equipment and supplies should be chosen which are nonbreakable and which children can easily use by themselves.



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ACTIVITY 5-4

DIRECTIONS: Read the clues below to determine the meaning of each word regarding a healthy emotional environment for children. Write the word in the puzzle boxes to the right of the number corresponding to the number of the clue. Begin the puzzle with the first clue.

1. A __________ emotional environment may radiate fear, anger, boredom, nervousness, hurriedness, impatience, and/or rudeness.

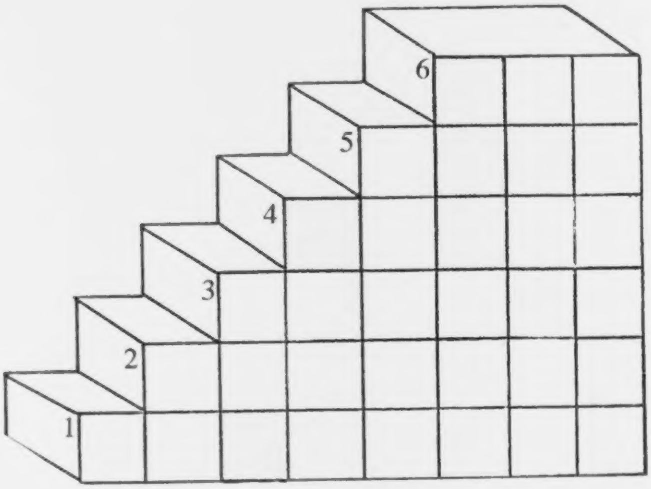
2. A positive emotional __________ radiates friendliness, concern, happiness, fun, love, security, respect, openness, and fairness.

3. Symptoms of emotional __________ in young children may include dependence on others, excessive crying, aggression, thumb-sucking, nervous habits, and withdrawal.

4. Too much __________ or large-motor activity may cause children to be too active.

5. The emotional climate of the child care setting is like the wind because it can be __________ , although it cannot be seen.

6. When the emotional climate of a child care facility is positive, there will be friendliness, concern, happiness, love, security, respect, and children will have __________ being there.



After completing all puzzle boxes above, remove the letters in the shaded boxes. Unscramble these letters to make a word which best completes the summary sentence below.

A positive child care environment should help children to be independent, to learn self-control, and to express their __ __ __ __ __ __ __ __ __ in a positive way.

ACTIVITY 5-5

DIRECTIONS: Place an X next to the items below which are goals to be considered or methods to use in helping children develop social skills. List other factors which might help children with social skills if they are not listed below.

___ 1. Learning to run relay races.

___ 2. Developing a good self-image.

___ 3. Setting up activities where two or more children can participate at the same time.

___ 4. Providing children with a cozy corner for time alone during the day.

___ 5. Giving singing lessons to individual children.

___ 6. Encouraging children to participate in dramatic play in the housekeeping center.

___ 7. Punishing a child for too much talking during play time.

___ 8. Planning an activity for children to use pretend fire hoses and hats.

___ 9. Praising a four-year-old child for helping a friend pick up toys.

___ 10. Arranging children in teams of two to do a simple science experiment.

___ 11. Allowing children to only play in the sand box one at a time.

___ 12. Allowing one child each day to ask a question during show-and-tell time.

___ 13. Suggesting that one child ask a friend to help her in stacking big blocks.

___ 14. Providing activities which teach children to hang up their own coats.

___ 15. ____

___ 16. ____

Select two or three methods listed above which you feel would be excellent ways to help children develop social skills. Tell why. Explain how you would use those methods as a caregiver to create a positive social environment for children.

____

____

____

____

ACTIVITY 5-6

DIRECTIONS: Test your knowledge of factors which affect the mental/intellectual environment in a child care program. Place the letter of the best answer in the blank to the left of each item below.

____ 1. The intellectual environment of a child care program is
A. greatly affected by the physical, emotional, and social environments.
B. affected only by the related emotional and social environments.
C. created mainly by the way in which the classrooms are arranged.
D. only present in a child care program for other children.

____ 2. To experience best learning, children
A. should be in a child care program where the social environment is not emphasized.
B. should be in a social environment planned for their ages and levels of social development.
C. require structured lectures from the teacher.
D. should be allowed to choose all of their own activities and learn by discovering.

____ 3. Encouraging children to use their senses
A. limits the types of experiences they can have.
B. promotes intellectual development.
C. limits their curiosity.
D. can only be done with outdoor activities.

____ 4. Preschool-age children
A. have longer attention spans than toddlers.
B. can memorize less than toddlers can.
C. are not yet able to follow simple rules and directions.
D. require little guidance from adults.

____ 5. When adults set limits for children, they are
A. slowing children's intellectual development.
B. helping children learn to pretend.
C. limiting children's view of the world.
D. giving children a sense of structure and organization.

____ 6. Toddlers
A. can memorize most information.
B. understand detailed instructions.
C. learn through exploring.
D. have longer attention spans than preschoolers.

6

Chapter Six
Health Awareness and Response

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Apply principles for maintaining a safe and healthy environment.(f3C)
- Apply procedures and policies in a child care setting.(f4A)

OBJECTIVES TO ACHIEVE

- Explain the importance of good health for children and child caregivers.
- Describe the characteristics of a healthy child.
- List easily identifiable symptoms of illness in children.
- Identify communicable diseases that are common in group child care settings.
- Explore alternatives for caring for sick children of employed parents.
- Summarize appropriate caregiver response when a child becomes ill.
- Explain appropriate care of children with chronic, handicapping, or progressively severe illnesses.

Children must have good physical and mental health in order to benefit from all of their abilities. Early recognition and treatment of diseases, abnormal conditions, injuries, abuse, or neglect is important to the health of children. Child caregivers must be healthy in order to perform their jobs well and reduce the spread of diseases.

This chapter will help caregivers recognize wellness and symptoms of illness and disability in children. Information is provided on how to respond when children are injured or become ill. How to deal with medically special children who have chronic illnesses, handicapping conditions, or progressively severe illnesses is also covered in the chapter.

ACTIVITY 6-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

Acquired Immune Deficiency Syndrome ____________________

allergy ____________________

asthma ____________________

cerebral palsy ____________________

chronic illnesses ____________________

coma ____________________

communicable ____________________

conjunctivitis ____________________

contagious ____________________

cystic fibrosis ____________________

diabetes ____________________

epilepsy ____________________

grand mal seizure ____________________

head lice ____________________

health awareness ____________________

hyperglycemia ____________________

hypoglycemia ____________________

immune system ____________________

impetigo ____________________

infectious ____________________

insulin ____________________

ACTIVITY 6-1 (continued)

petit mal seizures ____

psychomotor seizures ____

sickle cell anemia ____

ADDITIONAL TERMS

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ACTIVITY 6-2

DIRECTIONS: Unscramble the words in the left-hand column to complete the sentences regarding the importance of good health for children and child caregivers. Write the word in the space provided.

lthhae	1. The child's ______________ affects the way he or she grows, learns, and behaves.
ylascihp nltmae	2. Good ______________ and ______________ health allows children the chance to benefit from all of their abilities.
aaemdg	3. A disease, an abnormal condition, an injury, physical abuse, mental abuse, or neglect may ______________ a child's health.
ooiirgenntc	4. Early ______________ and treatment of any unhealthy condition, injury, or abuse is important to the future of children.
alhyteh	5. It is important for child caregivers to be ______________ in order to properly perform their duties and to reduce the spread of diseases.

ACTIVITY 6-3

DIRECTIONS: Place an X next to the items below which are characteristics of a healthy child. List other qualities you can identify which also describe a healthy child.

_____ 1. Is active

_____ 2. Has normal bowel movements

_____ 3. Has clear skin

_____ 4. Enjoys only group activities

_____ 5. Has straight posture

_____ 6. Is rarely noisy

_____ 7. Has dull hair

_____ 8. Feels content with familiar things

_____ 9. Is very curious

_____ 10. Does not get excited about new experiences

_____ 11. Has a short attention span

_____ 12. Worries about family problems

_____ 13. Trusts other people

_____ 14. Gains weight very slowly

_____ 15. Eats only when caregivers feed him/her

_____ 16. Has strong white teeth

_____ 17. Wakes up often during the night

_____ 18. ________________________________

Select three or four items above which are not characteristics of a healthy child (ones you did not mark with an X). In the space below, explain how important it would be for a caregiver to recognize these traits in children. What should you do to help a child if you observe such characteristics?

____

____

____

____

____

____

____

ACTIVITY 6-4

DIRECTIONS: To review the symptoms of illness which are easy to identify in children, complete the following activity. In the spaces beside the ➪, list symptoms of illness in children which are easy to recognize. List 10 of the 14 symptoms discussed in the reference book.

➪ ____

➪ ____

➪ ____

➪ ____

➪ ____

➪ ____

➪ ____

➪ ____

➪ ____

➪ ____

Write a short paragraph explaining why you feel it is important for child caregivers to be able to recognize and identify symptoms of illness in children. If you were a child care program director, how would you help your employees be more alert in recognizing illness in children?

____

____

____

____

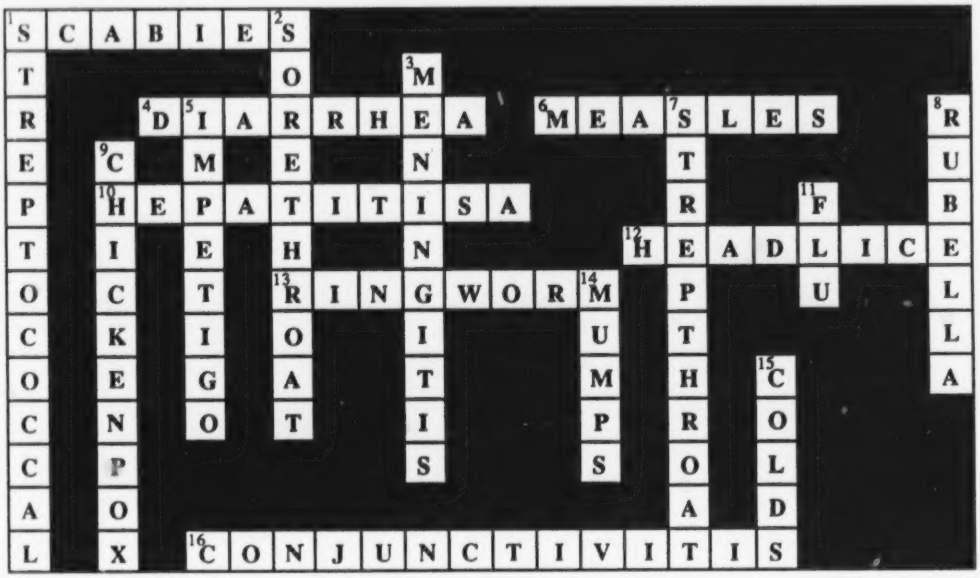
____

____

____

ACTIVITY 6-5

DIRECTIONS: The following crossword puzzle has the answers already filled in, but the clues are missing. In the spaces provided, write a clue for each answer which is a childhood disease found in group child care settings. The clues should describe or explain each disease named in the puzzle. Clues should also include other names sometimes used for a disease.


1 SCABIES
1 STREPTOCOCCAL
2 SORE THROAT
3 MENINGITIS
4 DIARRHEA
5 IMPETIGO
6 MEASLES
7 STREP THROAT
8 RUBELLA
9 CHICKENPOX
10 HEPATITIS A
11 FLU
12 HEAD LICE
13 RINGWORM
14 MUMPS
15 COLDS
16 CONJUNCTIVITIS

Across Clues

1. ________________________

4. ________________________

6. ________________________

10. ________________________

12. ________________________

13. ________________________

16. ________________________

Down Clues

1. ________________________

2. ________________________

ACTIVITY 6-5 (continued)

3. ______________________________

5. ______________________________

7. ______________________________

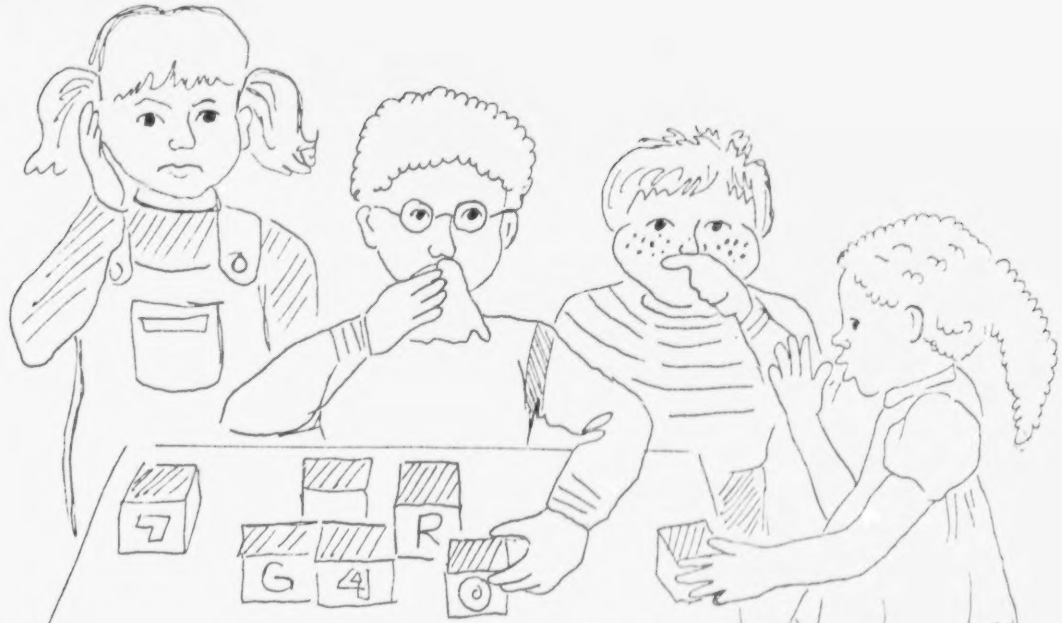
8. ______________________________

9. ______________________________

11. ______________________________

14. ______________________________

15. ______________________________



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ACTIVITY 6-6

DIRECTIONS: Learn about different possibilities for caring for sick children of employed parents. Use any resources possible (library books, textbooks, magazine articles, etc.) to get ideas. Write a short paragraph describing your findings and add any of your own ideas.

ACTIVITY 6-7

DIRECTIONS: Summarize the appropriate actions for a caregiver to take when a child becomes ill by completing the following activity. Read the situation described below. Respond to the situation by writing answers in the spaces provided.

Amy is a six-year-old child who attends the Hillcrest Child Care Center where you work as a child caregiver. During the art activity, Amy became ill. She says that her stomach hurts and she has a headache. You are assigned by the teacher to care for Amy until her parents can be contacted and come to get her. In the spaces below, briefly summarize the important steps you should follow in caring for Amy properly. Some steps may require extra explanations.

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____

ACTIVITY 6-8

DIRECTIONS: Review appropriate care of children with chronic, handicapping, or progressively severe illnesses by completing the following activity. In the blank to the left of each statement, write the word "True" if the statement is true, or "False" if the statement is false. In the space provided, reword each false statement to make it a true statement.

__________ 1. An allergy is a handicapping condition.

____

____

__________ 2. When a child is allergic to a specific food, the child's diet must be watched closely.

____

____

__________ 3. All allergy medications given to children allow them to play and participate in activities as usual.

____

____

__________ 4. The most important thing to watch with a diabetic child is his or her sleep habits.

____

____

__________ 5. Some type of candy snack is helpful for diabetic children midway between meals to raise their blood sugar levels.

____

____

__________ 6. Hyperglycemia and hypoglycemia are two types of diabetic comas.

____

____

ACTIVITY 6-8 (continued)

__________ 7. Most children with epilepsy must be given large doses of medication several times during the day.

____

____

__________ 8. Besides the possible injury caused by a fall, a grand mal seizure resulting from epilepsy is not physically dangerous to a person.

____

____

__________ 9. A child with an emotional/behavioral handicap will often have trouble interacting with other children.

____

____

__________ 10. Any child caregiver who is a certified teacher is authorized to give insulin shots to diabetic children.

____

____

__________ 11. To prevent frustration in children with progressively severe illnesses, it is best for them to not have to try new things or care for themselves.

____

____

__________ 12. Caregivers should help physically handicapped children cope with their conditions and develop independence.

____

____

7

Chapter Seven
Healthy Child Care Procedures

ESSENTIAL ELEMENTS

- Summarize the need for proper climate control and lighting.(f3A)
- Apply principles for maintaining a safe and healthy environment. (f3C)
- Point out important considerations concerning children's clothing.(f2F)
- Demonstrate ways to assist children with clothing.(f2G)
- Evaluate nutritional value of snacks and/or meals.(f2E)

OBJECTIVES TO ACHIEVE

- Explain the importance of screening and other health assessment techniques.
- Examine the effect of indoor lighting, temperature, and ventilation on children's health.
- Identify appropriate and inappropriate seasonal clothing for children in regard to their health.
- Relate sanitation and personal hygiene practices to children's health.
- Analyze the importance of good nutrition to children's health.
- Explain the importance of immunization and the role of parents and caregivers in seeing that children are immunized.
- Identify opportunities for health education of young children in child care.
- Explain the importance of accurate and accessible child care health records.

In order for a child care program to maintain a good health program, caregivers must learn about detection and prevention of illness and injury. Guidelines must be followed for correct screening, health assessment methods, and good health and hygiene practices. Referring children to health care professionals is sometimes necessary.

ACTIVITY 7-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

cross-contamination ______________________________

food-borne illness ______________________________

health assessment ______________________________

health history ______________________________

health observations ______________________________

hygiene ______________________________

immunization ______________________________

neurological ______________________________

nutrition ______________________________

obesity ______________________________

psychological ______________________________

salmonellosis ______________________________

sanitation ______________________________

screening tests ______________________________

staphylococcus ______________________________

ADDITIONAL TERMS

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ACTIVITY 7-2

DIRECTIONS: Explain the importance of screening and other health assessment techniques by selecting the most appropriate word or words to best complete each sentence. Place the most appropriate word(s) in the blank(s) in each sentence.

1. ________________ ________________ are examinations done to detect specific health problems.

2. It is very important to detect any ________________ severe illnesses which can be treated and stopped in their early stages.

3. There should be concern about diseases that ________________ easily in group child care settings.

4. ________________ health rules may require screening tests for specific age groups.

5. A screening test, by itself, does not definitely ________________ that a person has a certain disease or condition.

6. A child care center should get written permission from ________________ before screening tests are used at the center.

7. A/an ________________ ________________ is an up-to-date written account of all events known to affect a child's health in the past.

8. ________________ ________________ involve caregivers watching children carefully in order to notice any possible disorders or illnesses.

9. It is important to remember that ________________ , not child care employees, make final decisions about their child's health.

ACTIVITY 7-3

DIRECTIONS: Examine the effect of indoor lighting, temperature, and ventilation on children's health. Read each statement. In the blank to the left of each statement, write the word "True" if the statement is true, or "False" if the statement is false. In the space provided, reword each false statement to make it a true statement.

________ 1. If the temperatures in a child care center are too warm or too cool, children may be more likely to develop certain illnesses.

____

____

________ 2. Poor lighting in rooms and activity areas may cause eye strain.

____

____

________ 3. The only way to control group size and reduce contacts among group members is to enroll fewer children during the winter months when germs are spread more easily.

____

____

________ 4. In dry climates and/or in winter, it may be a good health practice to add humidity to the air in a child care center.

____

____

________ 5. Caregivers should avoid having doors and windows open during warm weather because of poor temperature control.

____

____

________ 6. It is healthy for children to play outdoors each day, if possible.

____

____

ACTIVITY 7-4

DIRECTIONS: Identify appropriate and inappropriate seasonal clothing for children by completing the following exercise. Read each situation. Respond by supplying clothing suggestions which might improve the situation for the child involved.

1

Mrs. Rutherford is getting her son, Bobby, ready to go to the child care center. The weather is warm outside, so Mrs. Rutherford dresses Bobby in shorts and a tank top. What other things should this parent consider in choosing her son's clothes?

2

Cindy, a four-year-old, was playing on the playground at the child care center and fell into a puddle of mud. She had on her best Sunday dress and she is afraid her mother will be very angry at her. How could the parent have prevented this problem?

3

Mrs. Ramos, the caregiver at a child care center encourages the children who are enrolled there to dress and undress themselves as much as possible. What suggestions can you make for the children's parents about how they can help their children with these tasks?

ACTIVITY 7-5

DIRECTIONS: Below is a list of steps which should be followed to properly wash your hands while working at a child care facility. The steps are not listed in the correct order. To rearrange them, place a number in the blank to the left of the step which should be listed first. Then, number the other steps according to the order in which they should be listed.

_____ Leave the water running.

_____ Rub hands vigorously while washing.

_____ Rinse hands well.

_____ Turn off the water using a paper towel instead of bare hands.

_____ Use soap and warm running water.

_____ Dry hands with a disposable paper towel.

_____ Wash backs of hands, wrists, between fingers, and under fingernails well.

In the spaces below, list situations occurring in a child care facility which require use of this handwashing procedure.

1
2
3
4
5
6

ACTIVITY 7-5 (continued)

DIRECTIONS: Place a √ by the following practices which you follow when working with children. Put an X by the practices that do not apply to your present duties. Place a star ★ by the practices you honestly should work on for needed improvements.

_____ 1. I use disposable tissues (not handkerchiefs) for runny noses.

_____ 2. I throw away disposable tissues immediately after using them.

_____ 3. I see that children use their own labeled washcloths, towels, toothbrushes, sheets, blankets, and cots (rugs or mats).

_____ 4. I always turn my head and cover my mouth if I have to cough or sneeze.

_____ 5. If I am sick, I report any illness or infection to my supervisor.

_____ 6. I keep my body, hair, nails, and clothing neat and clean.

_____ 7. I wash my hands properly as instructed in Chapter 7.

_____ 8. I use disposable plastic or rubber gloves if I must come into contact with bodily fluids of children with contagious diseases.

_____ 9. I use disposable surfaces which are thrown away if I diaper an infant or toddler.

_____ 10. I place disposable diapers and diapering surfaces in the proper sanitary container.

_____ 11. I always have very clean hands when preparing or serving food.

_____ 12. I avoid touching my hands to my face, mouth, or hair while preparing or serving food.

_____ 13. I keep my hair in place with a hair covering when preparing or serving food.

_____ 14. I do not use cooking or serving utensils to taste food.

_____ 15. I wash my hands and equipment or utensils after one use and before using them to prepare a second food.

_____ 16. I do not prepare or serve food when I have an infected wound, boil, respiratory infection, or other communicable disease.

_____ 17. I follow sanitary procedures for washing utensils, dishes, and food-related equipment as instructed by my supervisor.

ACTIVITY 7-6

DIRECTIONS: Complete the sentences in this activity to describe possible symptoms of children who do not eat well-balanced diets. Complete each sentence by placing the most appropriate word in each blank.

1. Children who do not eat well often lack the ____________ to engage in active play.

☐☐○☐☐☐

2. Children who are not fed well at home may have an unusually large ____________ while at the child care center.

○☐☐☐☐☐☐☐

3. Poorly nourished children may have more ____________ or injuries than usual.

☐☐☐☐☐☐☐☐☐

4. As a result of poor nutrition, a child may lose ____________ or stop ____________.

☐☐☐☐☐☐ ☐○☐☐☐☐☐

5. Eating too much food can cause ____________ in children.

☐☐☐☐☐☐○

6. ____________ of the gums and under the skin may be a symptom of poor nutrition.

☐☐☐☐☐○☐☐

7. ____________ in the skin at the corners of the mouth may indicate that a child has poor nutrition.

☐☐☐☐☐☐

8. Poorly nourished children may be less ____________ and slower to react because of low blood sugar.

☐☐☐☐○

To solve the problem of poor nutrition of children, fill in the blank in the following sentence by using the circled letters in the above sentences.

Children's nutrient needs should be met by eating a V ___ ___ ___ ___ ___ ___ of foods from the Basic Five Food Groups.

ACTIVITY 7-7

DIRECTIONS: Complete this activity to review the importance of immunization and the role of parents and caregivers in seeing that children are immunized. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. All communicable diseases are preventable through immunization.
		2. The caregiver is responsible for seeing that children enrolled at the child care center are immunized.
		3. When an immunization is given, a very small amount of a particular disease germ is injected into the bloodstream.
		4. State child care licensing standards usually specify what immunizations are required for children enrolled in child care programs and by what ages immunizations are required.
		5. Parents are usually required by a child care program to simply sign a form saying that their child has received all required immunizations.
		6. Teachers are required by law to remind parents of immunization timetables.

ACTIVITY 7-8

DIRECTIONS: Unscramble the words in the left-hand column to complete the sentences idenifying opportunities for health education of young children in child care. Write the unscrambled words in the blanks to complete the statements.

1. **IIARNTGN** ☐☐☐☐☐☐☐☐	A child care health education program should begin with _______ for caregivers and should involve the parents as well as the children.
2. **EETTGOHR** ☐☐☐☐☐☐☐☐	Teachers and parents must work _______ to teach children the basics of good health.
3. **PEXLAME** ☐☐☐☐☐☐☐	Caregivers teach children good health habits by _______ .
4. **SCEAVRIEGR** ☐☐☐☐☐☐☐☐☐	_______ bodies, hair, nails, and clothing should be neat and clean.
5. **PEXLNIA** ☐☐☐☐☐☐☐	Besides modeling good health behaviors for children to learn, caregivers should also _______ the reasons for their actions.

ACTIVITY 7-8 (continued)

6. **YRQEEUFTLN** ☐☐☐☐☐☐☐☐☐☐ **SIDEPOS** ☐☐☐☐☐☐☐	Caregivers should wash their hands _______ and should properly _______ of tissues used for covering coughs and nose blowing.
7. **AREGNNLI** ☐☐☐☐☐☐☐☐	Planned activities for children can include _______ about basic rules of good health.
8. **KOICNGO** ☐☐☐☐☐☐☐	_______ experiences can include learning about the kinds of foods needed for good health.
9. **WGHOTR** ☐☐☐☐☐☐ **RATHC** ☐☐☐☐☐	A/an _______ _______ and scales for weighing children help children to see they are growing.
10. **CCTPERIA** ☐☐☐☐☐☐☐☐	Filmstrips, puppets, activity charts, and other audiovisual materials can be use to help children learn to _______ good health habits.

ACTIVITY 7-9

DIRECTIONS: Explain the importance of accurate and accessible child care health records. In the space provided, list the three most important reasons for keeping good records.

1. ______________________________

____

2. ______________________________

____

3. ______________________________

____

Write a short paragraph summarizing the types of information which should be included in children's health records at a child care facility.

____

____

____

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____

____

8 Chapter Eight
Safety

ESSENTIAL ELEMENTS

- Apply principles for maintaining a safe and healthy environment.(f3C)
- Apply procedures and policies in a child care setting.(f4A)
- Point out developmental differences in children of various ages.(f1B)

OBJECTIVES TO ACHIEVE

- Identify standards and procedures for fire safety.
- Identify standards and procedures for electrical safety.
- Describe standards and procedures for use and storage of hazardous materials.
- Examine the indoor and outdoor environment for eliminating hazards that could result in suffocation, drowning, poisoning, cuts, falls, and other accidents.
- Explain the importance of safety in group play for children.

Of all aspects involved in child care, safety may be the most important responsibility of caregivers. Accidents are a major cause of injury and death among young children. This chapter includes information regarding how to plan and keep safe surroundings for the protection of children. The importance of following safety regulations is emphasized. Various types of safety hazards to watch for in the indoor and outdoor child care environments are included. Suggestions for teaching safety information to children are summarized.

ACTIVITY 8-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

combustible materials ______________________________

drown ______________________________

entrapment ______________________________

fall zones ______________________________

flammable materials ______________________________

poison ______________________________

spontaneously combustible materials ______________________________

suffocate ______________________________

ADDITIONAL TERMS

____

____

____

____

____

____

____

____

____

ACTIVITY 8-2

DIRECTIONS: Identify standards and procedures for fire safety by selecting the most appropriate word(s) from the list that best complete(s) the sentence. Fill in the blank(s) to complete each sentence.

Baking Soda
Combustible Materials
Curiosity
Electrical Shocks
Exits
Flammable Materials
Inspection
Kitchen
Liquid
Open Flame
Physical Barriers
Spontaneously Combustible Materials
Stored
Surfaces
Water Heater

1. Small children can be burned easily as a result of their __________ and activity.
2. Burns may be caused by contact with a/an __________, such as in a gas heater or stove.
3. Touching hot __________ or hot __________ can cause serious burns.
4. Burns caused by plugs, appliances, or electrical cords are called __________.
5. Caregivers should check to see that __________ which keep children away from heaters are securely in place.
6. No children should be allowed in the child care center's __________ when food is being cooked.
7. To keep tap water in the bathrooms at a safe temperature, check the setting on the __________.
8. Child care centers are responsible for checking the dates of the most recent __________ of the center, including when the fire alarm system and the fire extinguishers were last checked.
9. __________ are substances such as glue or cleaning solutions which ignite with an explosive reaction and produce fumes.

ACTIVITY 8-2 (continued)

10. Each classroom should have two ______________________________ that are unlocked and not blocked by furniture, equipment, toys, or trash.

11. ______________________________ are items such as old newspapers and empty cardboard boxes which ignite easily when touched by a flame.

12. ______________________________ are items, such as rags used in waxing or cleaning, which will ignite on their own if stored in tight spaces.

13. Matches, cigarette lighters, and other fire-producing items should be ______________________________ out of view and reach of children.

14. ______________________________ can be used to put out small grease fires in the kitchen.

ACTIVITY 8-3

DIRECTIONS: Identify standards and procedures for electrical safety by completing the following exercise. Read each of the situations and respond to it by writing the answer in the space provided.

1

Ms. Randall set up a record player for children in one of the learning centers at the child care center. After she plugged the record player in, she went to set up another center. Immediately, two children, Mary and Brent, began plugging and unplugging the cord from the electrical outlet. What might Ms. Randall do to prevent a possible electrical hazard?

2

Mrs. Mendoz planned a learning experience for children that involved cooking with an electric skillet. After the activity was completed, she asked Robby, a five-year-old, to carry the dirty utensils to the kitchen sink and run some water over them. She carried the dirty skillet to the sink. Mrs. Mendoz went to the pantry to get some soap. When Mrs. Mendoz returned, Robby was playing with the skillet's electrical cord and the electrical outlet above the sink. What did Mrs. Mendoz do which caused an electrical hazard?

ACTIVITY 8-4

DIRECTIONS: To review standards and procedures for use and storage of hazardous materials, complete both parts of the following activity.

Prepare a "word-a-gram" using the names of various poisonous substances. Below is an example using states. Try to use at least twenty substances. (For suggestions, use the reference book, but try to think of substances not named there.)

		U	N	I	T	E	D	S	T	A	T	E	S						
											E					V			
											X					I			
				M		O				C	A	L	I	F	O	R	N	I	A
		M		A	R	K	A	N	S	A	S					G			
		I		I		L				R						I			
		N		N		A			L	O	U	I	S	I	A	N	A		
		N		E		H				L		I		D		I			
		E				O				I	N	D	I	A	N	A			
		S				M				N				H					
G	E	O	R	G	I	A				A	R	I	Z	O	N	A			
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	H	A	W	A	I	I						W							
												A							

ACTIVITY 8-4 (continued)

Read the case situation below. In the spaces provided, name the hazards you recognize relating to the storage and use of poisonous substances.

The Sunshine Village Child Care Center is trying to raise funds to buy new playground equipment. Parents are to help raise funds by having a flea market one weekend. In the meantime, the child care center director has given the parents permission to store items for the sale in an old storage shed which is attached to the back of the child care center. The shed also holds wheeled toys, jump ropes, balls, and other play equipment which preschoolers and kindergarten-age children use on the playground. The flea market items (mainly old clothes) are being stored in one corner of the large shed. The shed has shelves over that corner to hold a variety of gardening supplies. The shelves hold gasoline in cans (for the lawnmowers), rodent killers, lighter fluid for the outdoor grill behind the center, spray paint used for outdoor art activities, and a light brown liquid in a glass container which is not labeled.

The only times the storage shed is unlocked during the day is when the gardener mows the playground lawn and when children need to use some of the toys stored in the shed. Name the possible hazards you recognize in this situation.

1. ____

____

2. ____

____

3. ____

____

ACTIVITY 8-5

DIRECTIONS: Examine the indoor and outdoor environment for eliminating hazards that could result in suffocation, drowning, cuts, falls, and other accidents. Read each statement. Write the word "True" in the blank if the statement is true. Write the word "False" in the blank if the statement is false. In the space provided, reword each false statement to make it a true statement.

__________ 1. Suffocation involves strangling or dying from lack of oxygen.

____

____

__________ 2. Entrapment involves suffocation caused by a plastic bag.

____

____

__________ 3. It usually requires a large amount of water for a child to be in danger of drowning.

____

____

__________ 4. An old refrigerator should be stored with the door open so that the inside of the unit can air out.

____

____

__________ 5. All hazards in a child care center which could cause cuts are located in the kitchen area.

____

____

__________ 6. Serious injuries have resulted from heavy objects falling on young children.

____

____

_______________ 7. Clutter in traffic paths can cause bumps, bruises, and falls.

____

____

_______________ 8. The most frequent cause of serious injuries on playgrounds is children falling on wet surfaces.

____

____

_______________ 9. Improper use or storage of tools or equipment could be hazardous to young children.

____

____

_______________ 10. To prevent accidents, children should enter and leave cars from the side of the car closest to the street.

____

____

_______________ 11. When a group of children are waiting for rides at the same times, they should be kept together and supervised by a caregiver.

____

____

_______________ 12. If a stray dog appears on the playground during play time, it would be a good learning experience for the caregiver to allow the children to all pet the animal in order to learn about caring for animals.

____

____

ACTIVITY 8-6

DIRECTIONS: Write a short paragraph explaining the importance of safety in group play for children. How could you, as an individual caregiver, improve safety while children are involved in group play? Why is safety education important for young children?

9

Chapter Nine
Handling Emergencies

ESSENTIAL ELEMENTS

- Apply principles for maintaining a safe and healthy environment.(f3C)
- Apply procedures and policies in a child care setting.(f4A)
- Relate personal characteristics to the appropriate career(s) addressed within each home economics course.(a7A)

OBJECTIVES TO ACHIEVE

- Explain the importance of following established center policies and procedures for handling emergencies.
- Describe appropriate procedures to follow in case of fire.
- Describe procedures for selecting and using a fire extinguisher.
- Summarize procedures to follow for various weather related emergencies.
- Outline steps to follow when evacuation of the child care center is necessary.
- Outline general procedures to follow in medical emergencies.
- Explain how to stock a first-aid kit and use first-aid techniques for various life-threatening emergencies that could occur in child care settings.
- Explain procedures for accurate reporting of child care emergencies.

Emergencies can happen at any time, and employees of any child care facility must be prepared to deal with unexpected situations. Many states require first-aid training certification for child caregivers.

Child care centers and/or individual child caregivers can be legally liable if a child is injured due to caregiver neglect or wrong action. Following strict emergency policies will insure that children are safe. This chapter will increase awareness of what to do in case of fire, severe weather, or medical emergencies.

ACTIVITY 9-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

artificial respiration ____________________

attention alert signal ____________________

cardiopulmonary resuscitation ____________________

caustic poisons ____________________

extinguish ____________________

fire extinguisher ____________________

first aid ____________________

hemorrhaging ____________________

immobilized ____________________

non-caustic poisons ____________________

pressure points ____________________

shock ____________________

third degree burn ____________________

tornado warning ____________________

tornado watch ____________________

tourniquet ____________________

ADDITIONAL TERMS

____

____

____

____

ACTIVITY 9-2

DIRECTIONS: Write a paragraph or poem explaining the importance of following established center policies and procedures for handling emergencies.

ACTIVITY 9-3

DIRECTIONS: Each of the following sentences contains a scrambled word. To complete each sentence describing appropriate procedures to follow in case of a fire, write the unscrambled words in the spaces provided.

1. ______________ The first step in OERPRIGTN a fire is to get help by notifying another caregiver.

2. ______________ Getting help is important because it warns other EARERGSCIV of a fire and brings more people to help handle the emergency.

3. ______________ All caregivers must act quickly in an emergency but should act in a calm and reassuring manner to avoid AICNP.

4. ______________ Getting IERNDCHL safely out of the building is the most important priority during a fire.

5. ______________ The fire department's telephone number should be clearly posted beside each OEEEHTPLN.

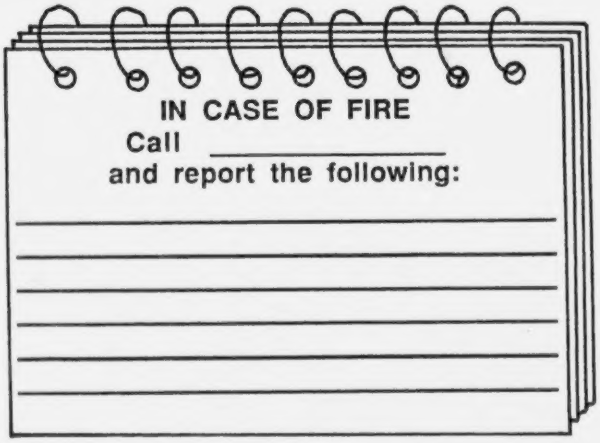
6. ______________ In order to burn, a fire must have YEOGNX, fuel, and heat.

7. ______________ It is best to avoid fighting a fire ULFYSOER and follow correct procedures for getting help from other caregivers and the fire department.

8. ______________ To put out a fire, you must remove one of its three EEIISTDNGNR.

9. ______________ When you choose to extinguish a small fire yourself, it is very important to keep a/an AEEPCS route open so you can get out if the fire gets bigger.

Complete the chart below by listing your local fire department's telephone number. List the information you should give if you must report a fire at a child care center.



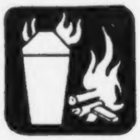
IN CASE OF FIRE
Call ______________
and report the following:

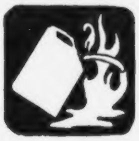
____
____
____
____
____
____

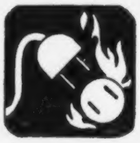
ACTIVITY 9-4

DIRECTIONS: In the blanks provided, write the letter or word that best completes each sentence.

1. A fire consisting of wood, paper, or rubbish would be classified as a Class _____ fire.
2. A fire consisting of live electrical equipment would be classified as a Class ____ fire.
3. A fire consisting of gas, grease, or other liquids would be classified as a Class ____ fire.
4. Using the wrong type of fire extinguisher on a fire may make the fire ____________ .







Use the letters in the word "PASS" to remember directions for correct use of a fire extinguisher. Write the basic directions for fire extinguisher use below. Use the letter and word clues provided.

P __ __ __ the ____________________ .

A __ __ the ____ .

S __ __ __ __ __ __ __ or ______________________________________ .

S __ __ __ __ from ____ .

ACTIVITY 9-5

DIRECTIONS: Summarize procedures to follow for various weather-related emergencies by completing the following exercise. Read each of the case situations. Respond by writing the best answer in the space provided.

1

A thunderstorm with high winds and lightning has frightened several of the children at the child care center where you work. One boy is fascinated by the storm and runs to the window to look out. What should you do to insure the safety and calmness of the children?

2

As you care for children during a thunderstorm, the storm becomes more severe. Weather reports say that conditions may be favorable for a tornado. If you hear that a tornado watch has been issued, what should you do? If a tornado warning is issued, what should you do?

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3

Mr. Burton, the director at the Seaside Child Care Center, is preparing a guide for caregivers to use in preparing for responding to hurricanes. What types of information should Mr. Burton include in the guide?

4

If blizzard conditions are common in your area, what precautions should you take as a director of a child care center?

5

Pretend that you are the director of a child care center. You know that earthquakes have happened before in the area where you live and work. What precautions should you take to protect the children and workers at your center?

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ACTIVITY 9-6

DIRECTIONS: Read the situation below and respond by writing the answer in the space provided.

Mrs. Baker is the director of a local child care center. She is in the process of writing an outline of the steps to follow when evacuation of the child care center is necessary. Help Mrs. Baker by completing the following list of steps started on the chart below.

PLANS FOR EMERGENCY RELOCATION

1. Know the signal or ______________________________
2. Have the children gather near ______________________________
3. Teacher assistants should look for children ______________________________
4. Remind children to ______________________________
5. Count ______________________________
6. Do ______________________________ before leaving the building.
7. One caregiver should be assigned to pick up ______________________________
____
8. Lead the children to an assigned place outside at least ______________________________
____
9. Keep the children ______________ and ______________________________
10. ______________________________ in a calm and reassuring manner.
11. Protect children from ______________________________
12. Do not release ______________________________
13. After the emergency, re-enter the building only after ______________________________
____
14. If relocation is necessary, follow ______________________________
after ______________________________

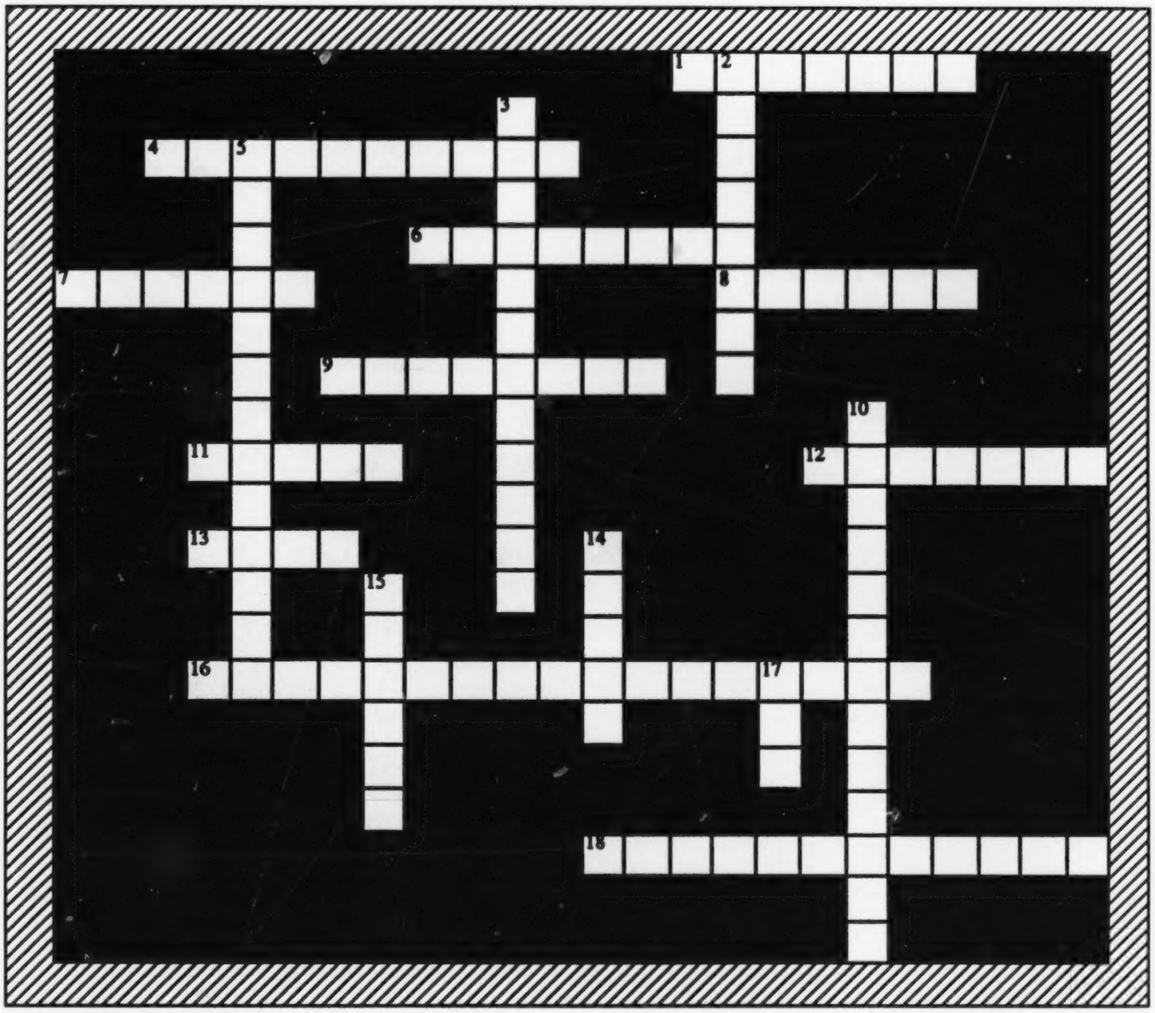
ACTIVITY 9-7

DIRECTIONS: Complete the following activity to outline general procedures to follow in medical emergencies. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. When a child has an accident or symptoms of illness, the assigned caregiver should notify a parent and return with the child to the classroom.
		2. In most cases, a caregiver should not bother the supervisor or center director if a child becomes ill.
		3. During medical emergencies, caregivers should work as a team according to the policies and procedures of the center.
		4. If a child must be rushed to a hospital or doctor's office in an emergency, a caregiver should take the emergency medical authorization given to the center by the parent.
		5. If the child care center has an emergency medical authorization from a parent, there is no need for a parent to meet caregivers at the hospital in a medical emergency.

ACTIVITY 9-8

DIRECTIONS: Fill in the crossword puzzle using the missing words from the clues. Clues relate to procedures for stocking a first-aid kit and using first-aid techniques needed for emergencies at a child care center.



Across

1. If a child swallows a poison, it is important to dilute the poison or remove the poison from the body before the body __________ it.

4. First aid kits should include __________ for cleaning wounds or to dampen and place on a child's forehead.

6. __________ is the immediate and temporary care given to a person who has been injured or who has suddenly become ill.

ACTIVITY 9-8 (continued)

7. If a child is involved in an electrical accident involving an electric cord, your first step should be to __________ the cord, if possible.

8. In order to save lives and prevent further __________, a person using first aid must prevent severe blood loss, maintain breathing, and prevent shock.

9. __________ lotion is often in a first aid kit for use on insect bites.

11. First aid for __________ burns includes chilling or submerging the burn in cold water.

12. If a child has swallowed __________ poisons, vomiting should not be induced.

13. If you think a child has a/an __________ or back injury, do not move the child unless the child must be moved away from a life-threatening situation.

16. __________ is sometimes used to absorb poison which has been swallowed.

18. If a chemical gets in or near a child's eyes, you should rinse the eyes immediately with __________.

Down

2. First aid for severe __________ is to apply direct pressure firmly to the wound, with a clean dressing held in place.

3. __________ for use in checking temperature should be included in first aid kits.

5. __________ should be kept in a first aid kit for use in inducing vomiting when instructed to do so by the poison control center.

10. To cover a wound, sterile __________ or pads should be used.

14. First aid treatment and prevention of __________ includes keeping the child lying flat, placing a blanket over the child, and getting medical help.

15. Appropriate first aid for __________ burns is to cover the burned areas with loose dry sterile dressings to help prevent infection.

17. A child who has stopped breathing should receive __________ from a caregiver who has been trained in this technique.

ACTIVITY 9-9

DIRECTIONS: Complete the following activity to review procedures for accurate reporting of child care emergencies. Read each multiple choice item. Choose the answer which best completes the statement or answers the question. Place an X in the space to the left of the appropriate answer.

1. Any injury to a child, however minor, should be reported to:

_____ A. the child's parent(s).
_____ B. parents of all children enrolled.
_____ C. the State Health Department.
_____ D. a doctor.

2. Child care employees should record every accident, injury, illness, or sign of illness:

_____ A. in a daily diary journal.
_____ B. on an accident chart to be posted by each exit.
_____ C. in the child's health record.
_____ D. to a hospital.

3. It is important to keep accurate health records on children because:

_____ A. it is required by law in every state.
_____ B. records may affect the long-term health care of a child.
_____ C. it is required by local health authorities.
_____ D. all child care centers must submit such records to the State Health Department.

4. Keeping complete and accurate health records may:
_____ A. cause confusion about which caregivers are to do reports.
_____ B. protect parents from future legal liability.
_____ C. protect the child care center and child caregivers from possible legal liability.
_____ D. prevent future accidents.

5. If an injury occurs to a child while the child's caregiver is not present, the:
_____ A. caregiver is probably guilty of neglect.
_____ B. center director must report neglect to the parents.
_____ C. injury must be reported to the caregiver.
_____ D. child should be transferred to another classroom.

10

Chapter Ten
Daily Routines

ESSENTIAL ELEMENTS

- Apply housekeeping and maintenance at the child care setting.(f3D)
- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Point out guidelines for assisting children with routine activities. (f2H)
- Apply classroom management and program planning techniques. (f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Apply procedures and policies in a child care setting.(f4A)
- Demonstrate ways to assist children with clothing.(f2G)

OBJECTIVES TO ACHIEVE

- Review arrival and departure routines which are safe and appropriate.
- Summarize the purposes and procedures of the daily health check.
- Explain correct procedures for handwashing and other hygiene practices.
- Explain ways to appropriately complete mealtime and snack time routines.
- List procedures for helping children be independent in dressing, undressing, and toileting routines.
- Describe ways to make smooth transitions between activities.
- List reasons and methods for involving children in appropriate housekeeping routines.

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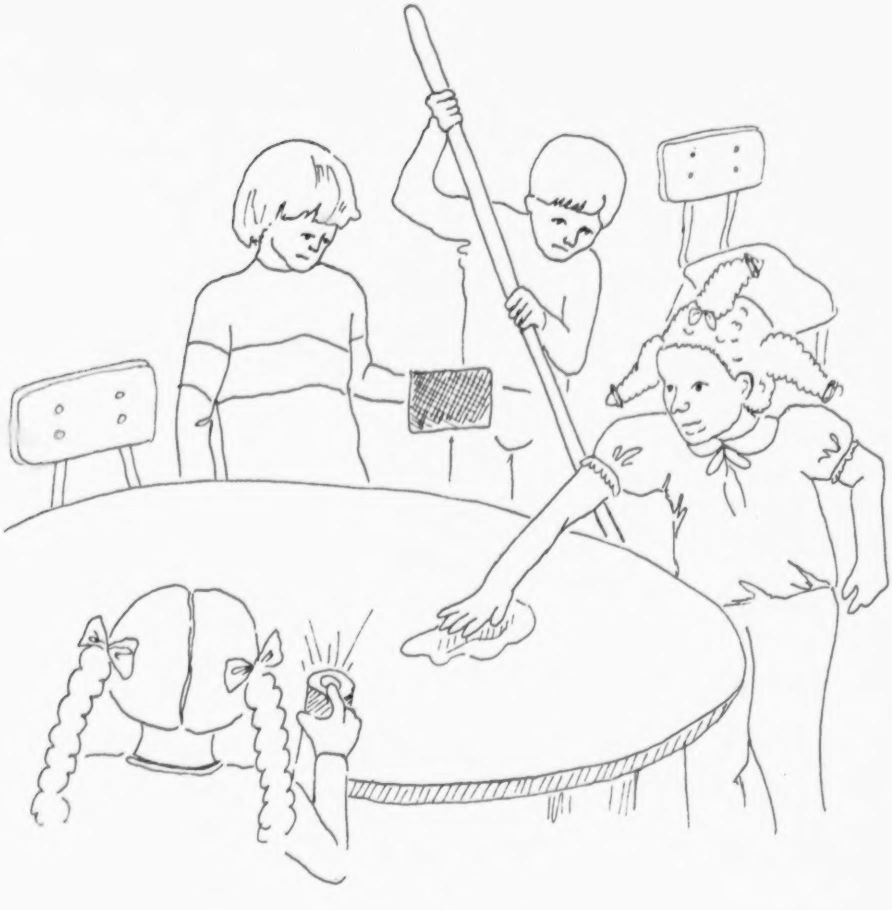
There are various routine activities which occur regularly in a child care program. Some routines involve direct work with children while others do not. This chapter reviews the importance of using routine activities to teach children important concepts and skills and to establish a secure and structured environment.



ACTIVITY 10-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

fatigue ____________________

genitals ____________________

housekeeping ____________________

informal communications ____________________

listlessness ____________________

modeling ____________________

positive reinforcement ____________________

regression ____________________

routine ____________________

transition ____________________

ADDITIONAL TERMS

ACTIVITY 10-2

DIRECTIONS: Place a √ in the column which best identifies the time each described routine occurs. Remember that some items may describe both arrival and departure routines.

ARRIVAL	DEPARTURE	ROUTINES
		1. This time sets the tone for the beginning and ending of the "school day."
		2. Parents turn children over to an authorized and assigned caregiver.
		3. A caregiver should wait with children in a planned activity area.
		4. The caregiver makes sure to release the child only to an authorized person.
		5. The caregiver visits briefly with parent(s) and does an informal health check.
		6. All planning should be complete at this time.
		7. For the first few days, children should receive name tags with inportant information on them.
		8. Personal belongings should be ready to get from cubbyholes.
		9. Safe transportation practices must be followed at this time.
		10. Caregivers should be concerned with the safety of the children, positive communication with parents, and a constructive learning atmosphere for children.
		11. Caregivers should make sure children are clean, fresh, toileted, and in good spirits.

ACTIVITY 10-2 (continued)

ARRIVAL	DEPARTURE	ROUTINES
		12. Caregivers should listen carefully and record any information or instructions the parent gives about a child.
		13. Caregivers should inform parent(s) of the child's schedule during the day.
		14. This time may be stressful for both parents and children.

ACTIVITY 10-3

DIRECTIONS: Each of the following sentences contains a scrambled word. To complete each sentence summarizing the purposes and procedures of the daily health check, write the unscrambled words in the spaces provided.

1. ____________________ The daily LATEHH check is part of the arrival routine.

2. ____________________ The purpose of a daily health check is to determine the health of each child and prevent the spread of SLINELS among the children.

3. ____________________ In a/an OAIMRFNL health check, a caregiver should be able to recognize such signs of illness as discharge from the eyes or nose, a rash, fever, or a hoarse voice.

4. ____________________ MROFLA health checks are done by a health professional, the center director, or a caregiver assigned by the director.

5. ____________________ Caregivers should make sure that daily health checks do not NTGIERFH , embarrass, or threaten children.

6. ____________________ As a result of a daily health check, some children may need to be watched during the day for further OMMTYSSP of illness.

7. ____________________ If a child shows clear signs of illness, parents should plan other care AEEAGNRTSNRM.

8. ____________________ Any signs of poor health or hygiene should be recorded in the child's LTHHAE ERRODC.

ACTIVITY 10-4

DIRECTIONS: "Step up" to using correct handwashing procedures and other good hygiene practices by answering the items on the staircase below. Begin with the bottom step. Write your answer to each question in the blanks provided below the staircase.

5. Explain good hygiene rules for brushing and combing hair (for children).

4. What two primary methods can caregivers use to help young children improve their handwashing skills?

3. When should children brush their teeth at the child care center, and how should children's toothbrushes be stored?

2. At what times should children be taught to wash their hands?

1. Explain good hygiene practices related to towels used for drying hands.

1. ____

____

2. ____

____

3. ____

____

4. ____

____

5. ____

____

ACTIVITY 10-5

DIRECTIONS: Complete the following items related to appropriate practices for mealtime and snack time routines. Each item describes a routine or practice along with two choices of ways to best teach children routines. For each item, choose the most appropriate way to guide children. Place an X in the space to the left of your chosen response.

1. Handwashing Routine

______ A. Caregivers should only wash their own hands in a private bathroom or the kitchen to insure that proper handwashing is done.

______ B. Caregivers should model handwashing and consistently insist that children wash their hands.

2. Serving Foods

______ A. For best sanitation, all food service should be done by caregivers.

______ B. Children should be allowed to take turns serving drinks, setting the table, wiping tables, etc.

3. Mealtime Rules

______ A. Children should be allowed to eat their meals while reading books or doing quiet activities in a learning center.

______ B. Children should be required to remain seated while they eat and drink at mealtime.

4. Eating Behavior

______ A. Children should be encouraged to taste each food served.

______ B. Children should be required to eat all food served to them.

5. Mealtime Supervision

______ A. It is best to have one caregiver for every ten to twelve children.

______ B. It is best to have one caregiver for no more than five or six children.

ACTIVITY 10-5 (continued)

6. Snack Time

_______ A. Caregivers should be sure that every child takes time to snack.

_______ B. Children should always be seated at tables for snack time.

7. Self-help Eating

_______ A. Preschoolers may be allowed to have family-style service at mealtime.

_______ B. Preschoolers are not old enough to have family-style service.

8. Table Manners

_______ A. Preschoolers are able to model perfect table manners for younger children.

_______ B. Caregivers should expect children to learn manners gradually.

9. Mealtime

_______ A. Mealtime should be planned to help children learn different concepts and ideas.

_______ B. At mealtime, children should not be distracted by caregivers trying to teach them new ideas and concepts.

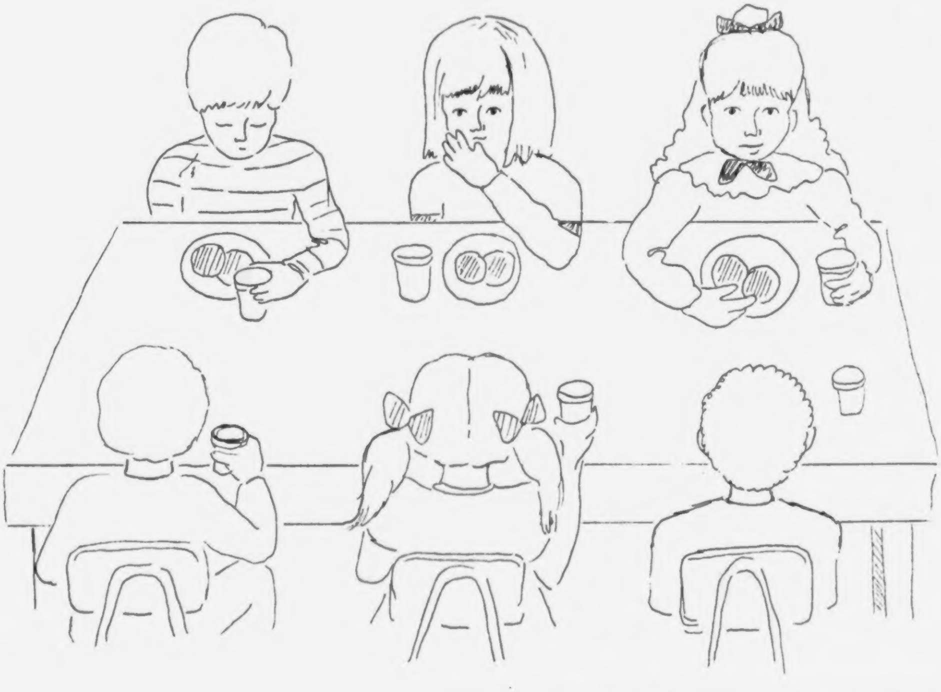
10. Learning at Mealtime

_______ A. Math concepts can be learned during mealtime.

_______ B. Only simple facts about nutrition should be taught to children during mealtime.

ACTIVITY 10-5 (continued)

BONUS: Briefly explain how children's listening skills and language can be expanded at mealtime and snack time.



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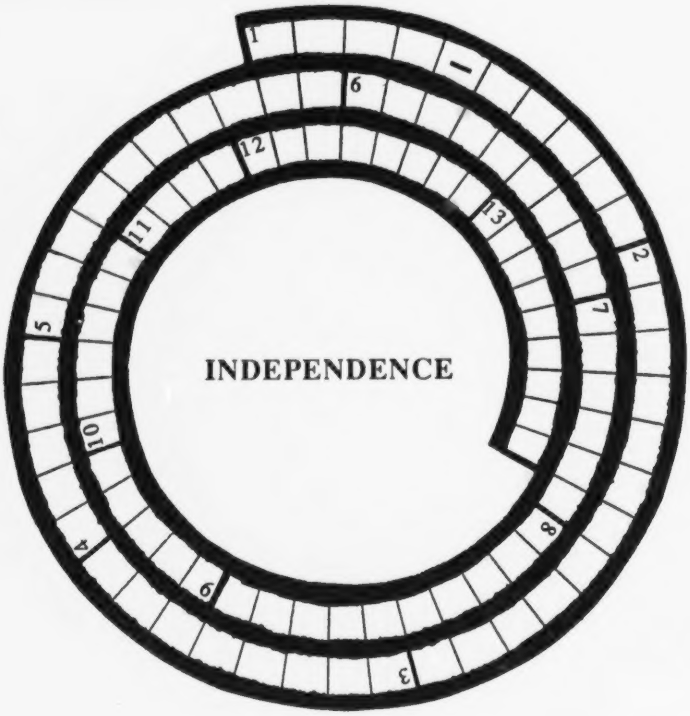
ACTIVITY 10-6

DIRECTIONS: To review procedures for helping children be independent in dressing, undressing, and toileting routines, complete the following activity. Read each statement below the puzzle. Write the missing word by the corresponding item number in the spiral puzzle.



1. Early experiences related to toileting can affect a child's _______ and attitudes about sexuality.

2. The physical environment in a child care center should encourage _______ in toileting.

3. Young children develop the _______ ability to control toileting at different ages.

4. Caregivers should not shame or _______ a child who is not toilet trained.

5. It is very important for parents and other caregivers to be _______ in toilet training children.

6. Caregivers should accept toileting _______ casually, without scolding, anger, or punishment.

7. Scheduled toileting may be done child by child or in _______ .

8. _______ in toileting behavior happens when a child returns to earlier stages of development due to some illness or stress.

ACTIVITY 10-6 (continued)

9. Children should be taught to _______ each time after using the toilet and to wash their hands.

10. Caregivers should encourage and _______ children's efforts to help themselves with toileting and dressing routines.

11. Caregivers should allow enough _______ for children to dress and undress themselves when these routines are necessary.

12. It is important for parents to choose _______ for children which is easy for them to handle while they learn about independent dressing.

13. As children get older, clothing _______ which are harder to manage will help them learn about dressing themselves.

ACTIVITY 10-7

DIRECTIONS: To describe ways to make smooth transitions between activities, complete the following activity. For each statement with which you agree, place an X in the blank labeled "Agree." For each statement with which you disagree, put an X in the blank labeled "Disagree." In the space provided, write a one-sentence statement defending your answer.

1. Smooth transition activities help prevent confusion and bad behavior in children.

____ Agree ____ Disagree

____

____

2. It is best to end activities quickly so that children do not start putting up materials and supplies early.

____ Agree ____ Disagree

____

____

3. Games and fingerplays are good transition activities.

____ Agree ____ Disagree

____

____

4. In most cases, it is best to have an entire group of children finish an activity at the same time in order to prevent confusion.

____ Agree ____ Disagree

____

____

5. Signals can help children recognize when to stop an activity and prepare for the next activity.

____ Agree ____ Disagree

____

____

ACTIVITY 10-8

DIRECTIONS: Complete the following activity to summarize reasons and methods for involving children in housekeeping routines. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Teaching children to pick up and clean up after themselves helps them to be independent, respectful, and cooperative.
		2. Since children naturally learn to clean up after themselves, it is usually not necessary to teach basic housekeeping rules.
		3. Young children often enjoy helping caregivers do housekeeping activities.
		4. An example of a daily housekeeping activity for children is cleaning the floor.
		5. Caregivers should insist that children keep the indoor environment very clean at all times during the day.
		6. Keeping the environment clean helps children feel secure and helps them know what is expected of them.

11

Chapter Eleven Principles and Areas of Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages. (f1B)

OBJECTIVES TO ACHIEVE

- Explain how children progress through developmental stages in sequence.
- Describe the directions which physical development follows and the sequence which motor development follows.
- Examine the nature of the physical, emotional, social, and mental aspects of childhood development.
- Explain guidelines for caregivers' use in helping children to learn.
- Examine methods of helping children deal with common childhood emotions.

Children develop physically, mentally, socially, and emotionally over time. Development involves growth, maturation, learning, and behavior. Within each area of development, children develop according to certain general principles and patterns. This chapter increases awareness of principles and patterns of development. With this increased awareness, caregivers know what to expect of children as they develop through various stages in sequence. Children can develop to their potential when they are encouraged by caregivers and provided a positive environment.

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ACTIVITY 11-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

associative play ____________________

cognitive development ____________________

cooperative play ____________________

developmental stages ____________________

developmental tasks ____________________

emotions ____________________

intelligence ____________________

motor development ____________________

parallel play ____________________

peers ____________________

personal development ____________________

sensitive periods ____________________

sequence ____________________

solitary play ____________________

ADDITIONAL TERMS

____

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____

____

____

____

____

ACTIVITY 11-2

DIRECTIONS: Complete the following activity to explain how children progress through developmental stages. Read each developmental task listed in the right-hand column. Place a √ in the column which describes when each task usually occurs.

INFANCY AND EARLY CHILDHOOD	MIDDLE CHILDHOOD	DEVELOPMENTAL TASKS
		1. Learning to eat solid food
		2. Learning sex differences and sexual modesty
		3. Learning basic skills in reading and writing
		4. Learning to tell right from wrong and developing a conscience
		5. Learning to walk and talk
		6. Learning to get along with others of the same age
		7. Developing attitudes toward social groups and institutions
		8. Learning control for eliminating body wastes

Unscramble the following letters to find the missing words in the sentences below.

________________________ **NESEUQCE** is the order in which children develop through predictable stages.

________________________ **VENISIETS ROPEDSI** are times that an infant or child is affected the most by certain influences.

ACTIVITY 11-3

DIRECTIONS: The following activity will help the caregiver describe the directions which physical development follows and the sequence which motor development follows. Place the letter of the item which best completes each statement or answers each question in the blank to the left of the item number.

_____ 1. Physical changes in the body happen
A. at an exact age.
B. in an orderly sequence.
C. with fine muscles developing first.
D. with control of the hands and feet first.

_____ 2. Children are first able to control
A. their hands and feet.
B. their head.
C. their shoulder region.
D. their arms.

_____ 3. Children's bodies develop from
A. the center of the body outward.
B. the lower parts of the body to the upper parts of the body.
C. fine muscles to large muscles.
D. control of arms and legs to control of the head.

_____ 4. Based on level of development, young children most need
A. indoor activities.
B. reading activities.
C. several fine muscle activities each day.
D. vigorous, energetic, physical play.

_____ 5. As children get older, they need more
A. large muscle activities.
B. practice of eye-hand skills and fine muscle activities.
C. lessons on table manners.
D. all of the above.

_____ 6. Examples of large muscle activities are
A. walking, eating with a spoon, and hammering nails.
B. putting puzzles together and hammering nails into boards.
C. playing with large toys and climbing.
D. running and manipulating objects with fingers.

_____ 7. Examples of small motor activities are
A. cutting pictures from a magazine and drawing with crayons.
B. crawling through a tunnel and jumping over large blocks.
C. eating with a spoon and climbing.
D. pushing a wagon and running.

ACTIVITY 11-4

DIRECTIONS: Select the choice which best answers each question or completes each statement. Place the letter of the best choice in the space provided.

_____ 1. Another term for mental development is
- A. language development
- B. cognitive development
- C. associative development

_____ 2. A child's feeling about himself or herself is called a/an
- A. emotional response.
- B. positive self-role.
- C. self-concept.

_____ 3. Children learn to work with other people mainly through
- A. problem solving
- B. solitary play
- C. play

_____ 4. Emotional outbursts occur most often in children of what age?
- A. infancy
- B. adolescence
- C. school age

_____ 5. A child develops positive feelings about himself or herself when caregivers follow this guideline.
- A. encourage children and recognize good work.
- B. avoid too much stimulation through communication.
- C. withhold praise until all work is done.

In the spaces below, list the four forms of play through which children progress. Below each form listed, give the age(s) at which most children reach the stage and a brief description of how children play during that stage.

1. FORM OF PLAY: ______________________________

AGE(S): ______________________________

DESCRIPTION: ______________________________

2. FORM OF PLAY: ______________________________

AGE(S): ______________________________

DESCRIPTION: ______________________________

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ACTIVITY 11-4 (continued)

3. FORM OF PLAY: ____________________

AGE(S): ____________________

DESCRIPTION: ____________________

4. FORM OF PLAY: ____________________

AGE(S): ____________________

DESCRIPTION: ____________________

ACTIVITY 11-5

DIRECTIONS: Each of the following sentences contains a scrambled word. To complete each sentence explaining the guidelines for caregivers to help children learn, write the word in the space provided.

1. ____________________ Caregivers should never try to REOFC a child to learn skills.

2. ____________________ Caregivers should use guidance and patience in helping children ATMERS developmental tasks.

3. ____________________ It helps to be aware of the tasks children are working on in order to UOEEAGRNC them to progress.

4. ____________________ Learning occurs because of a child's CPEEIESXENR after birth.

5. ____________________ A child's first learning occurs through use of the ENESSS.

6. ____________________ Most children have a natural urge to LOEEPXR and learn about their surroundings.

7. ____________________ Children learn AANUGGEL through imitating adults.

8. ____________________ It encourages children to talk when a caregiver is a good EEIRNTSL.

9. ____________________ Through the sense of IAERGHN, children learn how to communicate.

10. ____________________ Caregivers are responsible for keeping surroundings and activities AAILMRFI enough for children to feel secure and comfortable.

11. ____________________ Caregivers should realize that specific EDENS of individual children affect their learning and their motivation to learn.

ACTIVITY 11-6

DIRECTIONS: In the spaces below, list four negative emotions which may be expressed by young children. For each emotion, briefly give one positive guideline for use by a caregiver in dealing with the emotion.

1. Emotion: ____________________

   Guideline: ____

   ____

   ____

2. Emotion: ____________________

   Guideline: ____

   ____

   ____

3. Emotion: ____________________

   Guideline: ____

   ____

   ____

4. Emotion: ____________________

   Guideline: ____

   ____

   ____

12

Chapter Twelve
Physical Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages. (f1B)

OBJECTIVES TO ACHIEVE

- Describe growth patterns in children from infancy to adolescence.
- Explain the development of the nervous system.
- Trace motor development in children of different ages.
- Examine factors affecting physical development in children.

A child's body grows and matures according to specific patterns of development. Growth refers to the size of the body. Maturation refers to the ability of the body to function properly. During childhood, physical changes happen very quickly. The skeletal system, muscular systems, organs, and other body systems grow rapidly. Caregivers can know what physical changes to expect in children by becoming aware of development patterns. An increased knowledge of factors which affect children's physical development also aids in providing the best environment for children.

ACTIVITY 12-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

adolescence ______________________________

child proof ______________________________

crawling ______________________________

creeping ______________________________

eye-hand coordination ______________________________

fine motor skills ______________________________

gross motor skills ______________________________

growth ______________________________

immunity ______________________________

infants ______________________________

locomotion ______________________________

maturation ______________________________

preschool-age ______________________________

puberty ______________________________

rate ______________________________

self-help skills ______________________________

sequence ______________________________

toddlers ______________________________

ADDITIONAL TERMS

____

____

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____

ACTIVITY 12-2

DIRECTIONS: Describe growth patterns in children from infancy to adolescence by completing the following sentences. Supply the most appropriate words to complete each sentence. Write the answers in the spaces provided.

1. The __________ of the body grow rapidly from infancy through adolescence.

		S				S

2. A child's __________ grows to about 75 percent of its adult size in two and one-half years.

	R			

3. Toddlers are close to half of their adult height by age __________ .

			E	

4. Between ages three and five, the average child gains around __________ pounds and grows __________ inches.

5. Most of the weight gain during the three-year-old to five-year-old period is due to the growth of __________ .

				L		

6. Between ages five and seven, most children experience a growth __________ .

			R	

7. By late childhood, girls tend to be about __________ years ahead of boys in physical maturation.

8. During middle childhood, children gain __________ , balance, speed, and power in their motor abilities.

		I				

9. During the time of sexual maturation called __________ , boys and girls experience a growth spurt.

			E			

10. On the average, boys reach puberty __________ than girls.

			E	

ACTIVITY 12-3

DIRECTIONS: Write a paragraph explaining how the nervous system matures in children.

ACTIVITY 12-4

DIRECTIONS: Complete the following activity to trace motor development in children. In the blank to the left of each item, write the age period during which the physical trait usually occurs. Age periods are listed below.

INFANCY	TODDLERHOOD	PRESCHOOL-AGE	SCHOOL-AGE

____________________ 1. Through crawling, creeping, and pulling up, children gain more control of lower parts of the body.

____________________ 2. By this stage, a child has developed good walking ability.

____________________ 3. Children learn to grasp small objects with the thumb and forefinger.

____________________ 4. Children learn to sit and roll over.

____________________ 5. Since growth is fairly slow, children progress mostly in coordination and improved motor skills.

____________________ 6. Children begin to explore different parts of their surroundings.

____________________ 7. Children have almost no control of their finger movements.

____________________ 8. Children's motor ability develops, especially in the hands and feet.

____________________ 9. Children become better able to control wrist and finger movements as they practice fine motor skills.

____________________ 10. Children need to play in areas which are "child proof" to prevent accidents.

____________________ 11. Children become skilled at eating with a spoon.

____________________ 12. Children develop self-help skills, such as putting on some of their clothes, for the first time.

ACTIVITY 12-5

DIRECTIONS: Examine factors affecting physical development in children by completing the following activity. Read each statement. In the blank to the left of each statement, write the word "True" if the statement is true, or "False" if the statement is false. In the space provided, reword each false statement to make it a true statement.

__________ 1. Bottles should never be propped up into infants' mouths while they are lying in their cribs because children do not eat enough.

____

____

__________ 2. Nutrients found in a mother's breast milk and infant formulas usually need to be supplemented with vitamins since they are not nutritionally well-balanced.

____

____

__________ 3. During the preschool years, nutrition is important to development in all areas.

____

____

__________ 4. As infants mature, they eat fewer times during the day but need more at each feeding.

____

____

__________ 5. Most infants do not eat soft cereals and strained foods until they are about two years old.

____

____

ACTIVITY 12-5 (continued)

__________ 6. Children should be required to eat certain amounts of food each day in order to get adequate nutrition.

____

____

__________ 7. Adolescents usually need more sleep than younger children.

____

____

__________ 8. Most preschoolers need six to seven hours of sleep a night and a nap during the day.

____

____

__________ 9. Caregivers should control the environment for small children since they often do not remember warnings and cannot think about several things at the same time.

____

____

__________ 10. A mother's breast milk provides a child protection from many diseases for several years.

____

____

__________ 11. Some of the childhood diseases which can be prevented through immunization are diphtheria, tetanus, red measles, and polio.

____

____

13 Chapter Thirteen

Emotional and Social Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages. (f1B)
- Plan ways to assist children in their adjustment to child care.(f2C)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Examine emotional and social development in infants and toddlers.
- Describe emotional and social development in preschoolers.
- Explain emotional and social development in school-age children.

Helping children with emotional and social development is an important task of caregivers. Children's surroundings and inherited personality traits affect emotional and social development greatly. Development of a positive self-concept is crucial to healthy overall development. Caregivers can learn ways to help children develop positive self-concepts through this chapter. Suggestions for relating to and communicating with children to enhance their emotional and social development are emphasized.

ACTIVITY 13-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

autonomy ______________________________

consistency of caregiving ______________________________

discipline ______________________________

extended family ______________________________

gender identity ______________________________

inherited traits ______________________________

negativism ______________________________

parenting ______________________________

self-concept (self-image) ______________________________

separation anxiety ______________________________

siblings ______________________________

socialization ______________________________

stranger anxiety ______________________________

ADDITIONAL TERMS

____

____

____

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____

ACTIVITY 13-2

DIRECTIONS: To examine emotional and social development in infants and toddlers, complete the following activity. For each statement with which you agree, place an X in the blank labeled "Agree." For each statement with which you disagree, put an X in the blank marked "Disagree." Then write a one-sentence statement defending your answer in the space below each statement.

1. Influences present during the first hours, days, and months of a child's life are important to the child's emotional and social development.

_____ Agree _____ Disagree

____

____

2. A child's surroundings (environment) are what cause different children to look different.

_____ Agree _____ Disagree

____

____

3. All infants respond well to strict routines.

_____ Agree _____ Disagree

____

____

4. Caregivers should spend equal time with all children in their care whether the children have active or passive temperaments.

_____ Agree _____ Disagree

____

____

5. Since an infant's emotions are all inherited from parents, a caregiver's actions toward an infant do not have much effect on him/her.

_____ Agree _____ Disagree

____

____

ACTIVITY 13-2 (continued)

6. When caregivers allow toddlers to try out new things, they are helping children to develop a sense of autonomy.

_____ Agree _____ Disagree

7. From infancy through toddlerhood, a child's social development is influenced mostly by caregivers.

_____ Agree _____ Disagree

8. When toddlers are in the stage of negativism, caregivers should warn children about punishment for having a negative attitude.

_____ Agree _____ Disagree

9. Caregivers should be careful so that infants and toddlers do not form attachments to them and become too dependent on caregivers.

_____ Agree _____ Disagree

10. Discipline is the same thing as punishment.

_____ Agree _____ Disagree

ACTIVITY 13-3

DIRECTIONS: Describe emotional and social development in preschoolers by selecting the most appropriate word(s) from the word list that best complete(s) each sentence. Place the appropriate word(s) in the blank(s).

adapt
behavior
curiosity
fears
feelings
gender identity
language
parents
peers
siblings

1. During the preschool years, emotional changes are important as children develop the ability to handle their own ________________ .
2. Providing consistent limits for children helps them learn how to control their ________________ .
3. In providing appropriate controls for children's behavior, it is important for caregivers to avoid limiting children's ________________ .
4. As ________________ develops in children, they tend to be able to handle stress better by talking about their feelings.
5. Preschoolers find it easier to ________________ to new environments and situations than the toddler.
6. Young children's ________________ are very real to them and do not go away when adults tease, punish, or ignore them.
7. Learning to share things and take turns with ________________ helps preschool-age children develop social relationships.
8. ________________ refers to how children view themselves as boys or girls.
9. As children grow older, their ________________ attitudes, actions, and beliefs influence their development greatly.
10. Relationships with ________________ in the family help preschoolers learn to relate to peers.

ACTIVITY 13-4

DIRECTIONS: Test your knowledge of emotional and social development in school-age children by completing the following activity. Place the letter of the best answer in the blank to the left of each item below.

_____ 1. When children learn to control themselves physically and have good social interactions,
- A. positive emotional development usually occurs.
- B. negative emotional development is likely to occur.
- C. emotional development is probably not affected.
- D. all of the above.

_____ 2. In general, children in unstable family situations
- A. tend to have positive emotional development.
- B. tend to ignore their family situation.
- C. tend to be more insecure and fearful.
- D. tend to be happier and more secure than other children.

_____ 3. During the preteen years, physical and mental changes cause children to
- A. be more positive and secure about their bodies.
- B. become more aware of and self-conscious about their bodies.
- C. lose control of their values and attitudes about life.
- D. dislike being around their families.

_____ 4. At age 11 or 12, children develop the ability to use
- A. communication skills.
- B. sharing skills.
- C. math concepts.
- D. abstract thinking.

_____ 5. School-age children develop friendships which are
- A. longer lasting than before.
- B. not very long lasting.
- C. usually with groups of boys and girls mixed together.
- D. usually with children of the opposite sex.

_____ 6. An important social skill developed during school-age years is
- A. large motor skills.
- B. learning to read.
- C. learning to take another person's point of view.
- D. learning to work math problems.

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14

Chapter Fourteen
Mental/Intellectual Development

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Point out developmental differences in children of various ages. (f1B)

OBJECTIVES TO ACHIEVE

- Explain the use of different evaluation methods for measurement of intelligence.
- Explain how studies of deprived infants have helped caregivers know more about mental/intellectual development.
- Describe mental/intellectual development of infants and young toddlers (the sensorimotor period).
- Describe mental/intellectual development of preschool-age children (the preoperational period).
- Describe mental/intellectual development in school-age children (the concrete operations period) and in adolescence (the formal operations period).

A variety of areas related to mental development are not totally understood. However, many things learned about how children develop mentally can help caregivers to encourage healthy intellectual development. Children progress through four major periods of mental development: the sensorimotor stage, the concrete operational stage, and the formal operations stage. The ability to think and make sound judgements changes from simple to complex as children grow older. This chapter allows caregivers to better understand mental abilities of children in different stages of development. Through this understanding, caregivers can encourage positive development.

ACTIVITY 14-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

babbling ____________________

centration ____________________

chronological age ____________________

circular reactions ____________________

classification ____________________

cognition ____________________

concrete operational stage ____________________

conserve ____________________

coo ____________________

dyslexia ____________________

egocentrism ____________________

formal operations ____________________

functions ____________________

identities ____________________

intelligence ____________________

IQ tests ____________________

object permanence ____________________

preoperational stage ____________________

process ____________________

sensorimotor intelligence ____________________

sensory experiences ____________________

ACTIVITY 14-1 (continued)

sensory perception ___

seriation ___

ADDITIONAL TERMS

ACTIVITY 14-2

DIRECTIONS: The following statements are related to different evaluation methods for measurement of intelligence. Fill in each blank using the scrambled words. When all words are unscrambled, use the circled letters to fill in the blank for the summary statement at the end of the activity.

1. "Capacity for reasoning, understanding, and for similar forms of mental activity" defines **E E L I I G L T N N C E**.

   ☐☐○☐☐☐☐☐☐☐☐☐

2. "To know" is a definition for **I I O G O N C T N**.

   ☐☐☐☐☐☐☐☐○

3. Intellectual ability cannot be seen but can be measured by evaluating a child's ability to perform certain **I I I C V T E S A T**.

   ☐○☐☐☐☐☐☐☐☐

4. IQ stands for intelligence **E T I O U T N Q**.

   ☐○☐☐☐☐☐☐

5. IQ tests measure the relationship of mental age to **O N O O C C L L H R G I A** age.

   ☐☐☐☐☐☐☐☐☐☐☐○☐

6. When IQ tests are written so that white, middle-class children understand them better, they are considered to be **E S A B I D.**

   ☐☐☐☐☐☐

7. Most evaluation of the intelligence of school-age children is done through **D D D E R A A N Z S T I** testing in the public schools.

   ☐☐☐☐☐☐☐☐○☐☐☐

8. Tests of the mental ability of young children usually evaluate **O N S E Y S R** perception.

   ☐☐☐☐○☐☐

SUMMARY STATEMENT:

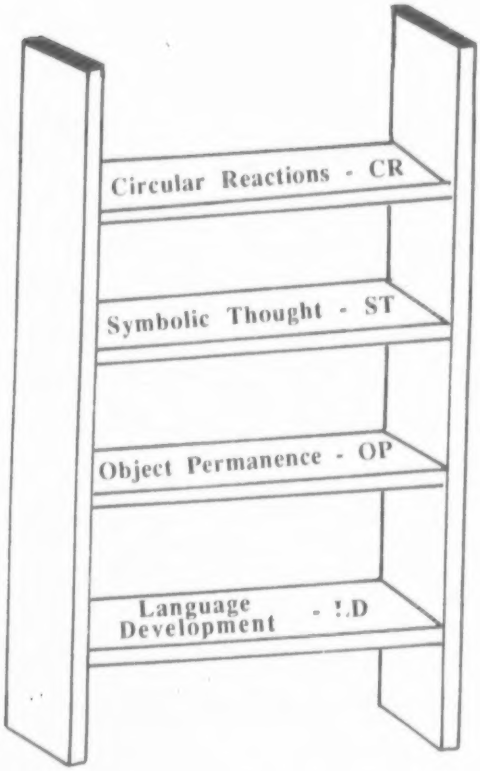
Because children develop at different rates, tests of mental development should be used with __ __ __ __ __ __ __ .

ACTIVITY 14-3

DIRECTIONS: Write a paragraph explaining how studies of deprived infants have helped caregivers know more about intellectual development.

ACTIVITY 14-4

DIRECTIONS: Complete the following activity to describe the intellectual development of infants and toddlers during the sensorimotor period. For each item below, decide if the trait described is a part of circular reaction, object permanence, symbolic thought, or language development during the sensorimotor period. In the blank to the left of each item, place one of the codes from the ladder to represent the stage described.



____ 1. Children begin to separate reality from imagination.

____ 2. Infants smile and coo when they hear a gentle, friendly voice.

____ 3. Infants begin to babble by age six months.

____ 4. Infants begin to know that an object exists even if they cannot see or hear it.

____ 5. Infants begin to enjoy hiding games such as peek-a-boo.

____ 6. Infants begin to repeat actions which are noticed and are interesting to them.

____ 7. Infants develop different cries to express different needs.

____ 8. Infants begin to understand that words are connected to objects and actions.

____ 9. Infants begin to pretend one object is something else.

____ 10. Children begin to use symbols to express ideas.

ACTIVITY 14-5

DIRECTIONS: Describe the intellectual development of preschool-age children during the preoperational period by completing the following activity. Place a √ in the column to the left of each item which describes the preoperational period. Some items will not be checked.

	1. Children have serious limits on their abilities to think in a logical way.
	2. Children develop an understanding of identities.
	3. Children begin to understand the basic relationship between two events or functions.
	4. The beginning of symbolic thought occurs in children.
	5. Language development begins during this period of time.
	6. Children learn to understand complex logic and moral concepts.
	7. Children gain the ability to put things into a logical order.
	8. Children have a memory which is improving, but they do not use any strategies for helping them remember things.
	9. Children's vocabulary may increase to about 2,500 words.
	10. Children may have trouble separating fantasies or dreams from reality.
	11. Children no longer have egocentrism as a way of thinking.
	12. Children are not able to focus on more than one part of a situation at a time.

ACTIVITY 14-6

DIRECTIONS: Complete the following multiple-choice activity to describe intellectual development in school-age children and in adolescents. In the blank to the left of each item, place the letter of the response which best answers the question or completes the statement.

_____ 1. Some of the new "concrete operations" of school-age children are
   A. language and moral development.
   B. classification, conservation, and seriation.
   C. circular reactions and object permanence.
   D. symbolic thought and language development.

_____ 2. In terms of mental development, to "conserve" means
   A. to save time and money.
   B. to understand how to group items in a logical order.
   C. understanding that even though one property of an object changes, other properties stay the same.
   D. being able to complete formal operations and think in abstract terms.

_____ 3. Dyslexia is
   A. a special problem which causes blindness in children.
   B. a brain deficiency which causes children to have trouble speaking clearly.
   C. a problem which some children have in understanding right from wrong.
   D. a condition which causes a child to see letters or words backwards.

_____ 4. Developing classification skills allows children to
   A. simply group objects.
   B. understand the relationship between objects.
   C. understand how much liquid is held in a tall container.
   D. communicate more clearly.

_____ 5. Seriation involves the ability to
   A. put things into an order.
   B. write numbers.
   C. have positive moral development.
   D. learn phonics (sounds of letters and letter combinations).

_____ 6. During the formal operations stage, children learn to think
   A. in concrete ways.
   B. about things which exist.
   C. in abstract terms about things which might exist.
   D. in a logical order.

_____ 7. Moral development during the concrete operational stage
   A. allows children to understand when they need punishment.
   B. causes children to stop disobeying rules.
   C. causes children to understand all of society's rules and the rules of all games.
   D. allows children to think and make judgements about right and wrong.

15

Chapter Fifteen Teaching Strategies

ESSENTIAL ELEMENTS

- Describe factors affecting the growth and development of young children.(f1A)
- Apply classroom management and program planning techniques. (f4E)
- Apply techniques for learning activities of children.(f4C)

OBJECTIVES TO ACHIEVE

- Explain how learning centers are used as a teaching strategy.
- Outline various types of indoor and outdoor learning centers.
- Relate the use of various learning centers to the physical, emotional, social, and mental/intellectual development of children.
- Describe ways to use field trips and other activities as valuable teaching strategies.

Teaching strategies are the methods and activities that caregivers use to teach young children. Good teaching strategies are planned so that children's physical, emotional, social, and intellectual development is enhanced. Activities should be planned for a variety of different indoor and outdoor learning centers. In addition, daily routines provide many chances for children to learn new concepts and skills. This chapter provides suggestions for possible learning centers and other teaching strategies which can be planned for children. Ways in which daily routines can be used to teach children are also emphasized.

ACTIVITY 15-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

eye-hand coordination ______________________________

field trip ______________________________

learning centers ______________________________

manipulative skills ______________________________

teachable moments ______________________________

teaching strategies ______________________________

wheel toys ______________________________

ADDITIONAL TERMS

____

____

____

____

____

____

____

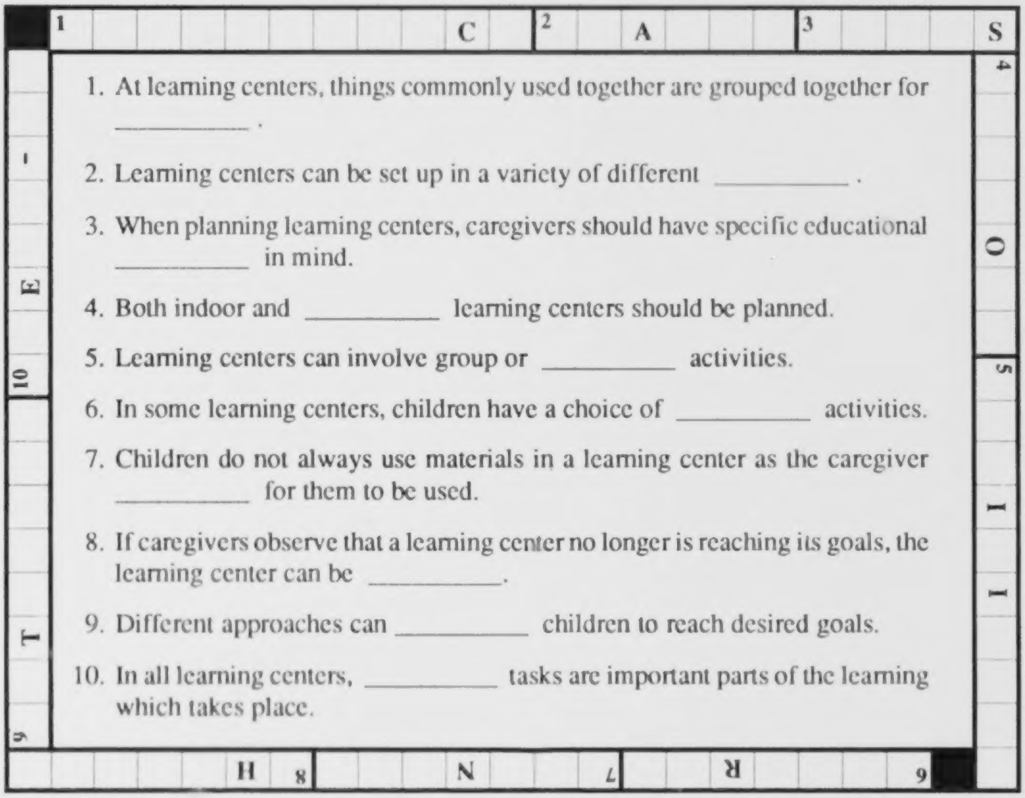
____

____

____

ACTIVITY 15-2

DIRECTIONS: Complete the following puzzle to explain how learning centers are used as a teaching strategy. Select the word(s) which best complete(s) each sentence. Then, for each item, place the answer(s) by the corresponding number in the square puzzle. Letter clues in the puzzle can be used to help you complete the sentences.



1. At learning centers, things commonly used together are grouped together for __________ .
2. Learning centers can be set up in a variety of different __________ .
3. When planning learning centers, caregivers should have specific educational __________ in mind.
4. Both indoor and __________ learning centers should be planned.
5. Learning centers can involve group or __________ activities.
6. In some learning centers, children have a choice of __________ activities.
7. Children do not always use materials in a learning center as the caregiver __________ for them to be used.
8. If caregivers observe that a learning center no longer is reaching its goals, the learning center can be __________.
9. Different approaches can __________ children to reach desired goals.
10. In all learning centers, __________ tasks are important parts of the learning which takes place.

ACTIVITY 15-3

DIRECTIONS: Outline various types of indoor and outdoor learning centers by completing the following activity. For each learning center listed below, briefly describe one activity which could be planned for children. An example is given for the first learning center listed.

1. Art Learning Center: Children create "animals" from play dough.
2. Block Learning Center: ______________________________
3. Science Learning Center: ______________________________
4. Dramatic Play Learning Center: ______________________________
5. Language Arts Learning Center: ______________________________
6. Manipulative Play Learning Center: ______________________________
7. Math Learning Center: ______________________________
8. Music Learning Center: ______________________________
9. Quiet Learning Center: ______________________________
10. Woodworking Learning Center: ______________________________
11. Wheel Toys Learning Center: ______________________________

ACTIVITY 15-3 (continued)

12. Sand and Water Learning Center: ____________________

____

13. Outdoor Quiet Space: ____________________

____

ACTIVITY 15-4

DIRECTIONS: Relate the use of various learning centers to the physical, emotional, social, and intellectual development of children. Read each learning center description below. For each, select the area of development most encouraged by the described learning center activity. Place the number of the area of development in the right-hand corner of the box with the letter which corresponds to the learning center description. If all answers are correct, the total of the numbers in all four rows and columns will be equal. Write this total in the space provided.

AREAS OF DEVELOPMENT

1. Physical Development
2. Emotional Development
3. Social Development
4. Intellectual Development

A	B	C	D
E	F	G	H
I	J	K	L
M	N	O	P

TOTAL ______

LEARNING CENTER ACTIVITY DESCRIPTIONS

A. an art activity in which children create pictures from original thoughts

B. a manipulative play learning center activity in which children practice use of buttoning materials, zipper boards, snap boards, and lacing boards

C. a dramatic play learning center activity which requires helping others and sharing household work

D. a music activity in which children express their own ideas and emotions through music

E. an outdoor learning center which allows children to climb on equipment and jump over objects

F. a music activity which allows children to release tensions by relaxing their bodies

G. a language arts learning center activity in which children use flash cards of letters and pictures to associate alphabet letters with phonetic sounds

ACTIVITY 15-4 (continued)

H. a block learning center activity which helps children cooperate as a group to build a "house"

I. clean-up and pick-up activities which children must do as a group after an art activity

J. a dramatic play learning center activity in which children learn about roles they see in the home with their families

K. a block learning center activity which helps children develop eye-hand coordination by stacking blocks to certain heights

L. a science learning center activity in which children learn facts about gravity through an experiment

M. a dramatic play learning center activity in which children "dress up" and play different roles seen in society

N. a math activity in which two-year-olds count blocks and identify simple shapes

O. a quiet learning center activity which allows a child to be alone, relax, and experience a cozy place

P. a manipulative play center activity in which children thread beads onto string to make necklaces

ACTIVITY 15-5

DIRECTIONS: Complete each part of the following activity to describe ways to use field trips and other activities as valuable teaching strategies.

A. A field trip is a planned trip to a location away from the child care center. Good field trips are planned to meet developmental goals of children. In the spaces provided below, use your creativity to list at least ten names of specific places which could be visited as field trips for young children.

1. ______________________ 6. ______________________

2. ______________________ 7. ______________________

3. ______________________ 8. ______________________

4. ______________________ 9. ______________________

5. ______________________ 10. ______________________

B. Holidays and special events allow time for special learning experiences for children. For example, a Christmas "theme" could be encouraged in all learning center activities just before a holiday. An example of an art activity following the Christmas theme would be making snowflakes to be hung from the classroom ceiling. Using a Thanksgiving theme, create one activity for each learning center listed. Write your ideas in the spaces provided.

1. Art Activity: ______________________

2. Dramatic Play Activity: ______________________

3. Language Arts Activity: ______________________

4. Math Activity: ______________________

5. Music Activity: ______________________

16

Chapter Sixteen
Newborns and Infants

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques. (f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages. (f1B)

OBJECTIVES TO ACHIEVE

- Identify environmental factors which influence prenatal development and known traits which are genetic.
- Describe major adjustments which are made in the body systems of a neonate after birth.
- Describe the physical traits (reflexes, sensory abilities, and states) of a neonate.
- Describe major characteristics of infants from birth to four months of age.
- Outline appropriate teaching strategies to meet the developmental needs of infants from birth to four months of age.
- Describe major characteristics of infants from four to eight months of age.
- Outline appropriate teaching strategies to meet the developmental needs of infants from four to eight months of age.
- Describe major characteristics of infants from eight to twelve months of age.
- Outline appropriate teaching strategies to meet the developmental needs of infants from eight to twelve months of age.

Neonates, newborn infants, have special traits which help them begin life. Through the first year of a child's life, changes happen rapidly. Caregivers play important roles in the development of infants. This chapter identifies major characteristics of infants during the first year of life. Teaching strategies are included for each age group. These strategies help caregivers to aid physical, emotional, social, language, and intellectual development of infants in their care.

ACTIVITY 16-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

anoxia ____________________

babbling ____________________

birth defects ____________________

cooing ____________________

differentiation ____________________

enzymes ____________________

fetus ____________________

genetic ____________________

genetic counseling ____________________

inherited ____________________

jaundice ____________________

neonate ____________________

object permanence ____________________

prenatal development ____________________

reflexes ____________________

reflexive behavior ____________________

sphincter muscles ____________________

state ____________________

stranger anxiety ____________________

tactile stimulation ____________________

ACTIVITY 16-1 (continued)

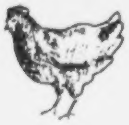
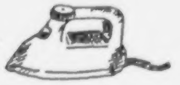
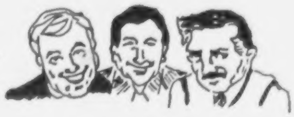
temperament ______________________________

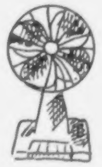
ADDITIONAL TERMS

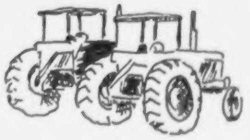
ACTIVITY 16-2

DIRECTIONS: Complete the rebus scramble by writing down each of the words illustrated. Then add or subtract the letters as indicated. Unscramble the remaining letters to identify influences on development of children.

PUZZLE HINT: Influences which come from the surroundings

 − **H** + **V** +  + 

+ TALL − L +  − **An**

+  − **Tr**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐ ☐

In the spaces provided, list four examples of these influences which can be harmful to an unborn child.

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

ACTIVITY 16-3

DIRECTIONS: Complete the following multiple-choice activity to describe major adjustments which are made in the body systems of a neonate after birth. In the blank to the left of each item, place the letter of the response which best answers the question or completes the statement.

_____ 1. The full-term newborn is born about
   A. 200 days after conception.
   B. 266 days after conception.
   C. 300 days after conception.
   D. 366 days after conception.

_____ 2. The newborn baby
   A. needs much less oxygen than the fetus.
   B. needs to avoid tactile stimulation.
   C. needs more oxygen than the fetus.
   D. almost always dies from anoxia.

_____ 3. The neonate
   A. has a stable body temperature.
   B. creates heat by eating, moving, and crying.
   C. usually does not need to be covered with a blanket.
   D. loses most of the body heat through arm and foot movements.

_____ 4. At birth,
   A. a baby's heart rate will range from 120 to 160 beats per minute and may have unstable beating.
   B. a baby usually has a heart rate around 100 beats per minute and very stable beating.
   C. a baby almost always requires extra oxygen to reduce the heart rate to 80 beats per minute.
   D. a baby usually needs CPR to help the heart begin beating.

_____ 5. A baby is
   A. born without a sucking reflex and must learn how to eat.
   B. born with sphincter muscles which do not automatically open.
   C. always born with jaundice.
   D. born with a strong sucking reflex to aid in getting milk.

_____ 6. Tactile stimulation
   A. should be avoided for a baby.
   B. causes a baby to recover from jaundice.
   C. helps a baby's respiratory system develop better.
   D. involves putting eye drops in a baby's eyes to help vision adjustments.

_____ 7. A neonate's sphincter muscles
   A. automatically open when the bowels or bladder is full.
   B. automatically close when the bowels or bladder is full.
   C. affect the ability to hear clearly.
   D. affect the ability to get milk.

ACTIVITY 16-4

DIRECTIONS: Unscramble each scrambled word below to list examples of physical reflexes which neonates possess at birth. Place the unscrambled words in the spaces provided.

1. I H A T B G E R N

___ ___ ___ ___ ___ ___ ___ ___ ___

2. I E G Z E N S N

___ ___ ___ ___ ___ ___ ___ ___

3. G N U O C I H G

___ ___ ___ ___ ___ ___ ___ ___

4. N G I A G G G

___ ___ ___ ___ ___ ___ ___

5. W A I Y N G N

___ ___ ___ ___ ___ ___ ___

6. M I I O N T G V

___ ___ ___ ___ ___ ___ ___ ___

Complete each statement by circling the correct answer.

7. When neonates are born, they can see:
   light and dark ✎ dark only ✎ light only.

8. The neonate seems to prefer:
   bright pictures ✎ human faces ✎ animal sounds.

9. When an infant's senses are not stimulated, his or her systems mature:
   more quickly ✎ more slowly ✎ about the same.

10. Development of the senses:
    is complete at birth ✎ happens with maturation ✎ is completed in prenatal development.

Give the information requested in the space provided for each item.

11. A state is ____.

12. During waking activity, infants need protection from too much ____________________.

13. To calm an infant in the crying state, the caregiver needs to ____________________

ACTIVITY 16-5

DIRECTIONS: Complete the following activity to describe major characteristics of infants from birth to four months of age. Place the appropriate word from the word list in the blank in each sentence.

roll over
communicate
sequence
security
senses
health
details
speech
relations
trust
sweet
differentiation
movement
temperament
support

1. As infants learn control of their muscles, they develop basic feelings of emotional ________________________ .
2. Muscular control of infants develops in a/an ________________________ .
3. The newborn infant's neck cannot yet ________________________ the head.
4. A major accomplishment during the third and fourth months is learning to ________________________ .
5. One sign of hunger in a young infant is active ________________________ of arms and legs.
6. If infants are fed when they are hungry, they learn to ________________________ caregivers.
7. An infant's bowel movements reflect his/her ________________________ .
8. By the first few months of life, infants can recognize ________________________ sounds.
9. At first, a newborn cannot see ________________________ .
10. Infants prefer ________________________ tastes.
11. Feelings of trust and security in the infant come from ________________________ with others.
12. ________________________ , an infant's personal style of behavior, develops during the first four months of life.
13. Infants use their ________________________ to develop their self-concept.
14. Crying is one way that infants ________________________ .
15. The process used by infants of actively searching through use of their senses is called ________________________ .

ACTIVITY 16-6

DIRECTIONS: Complete the following activity to outline appropriate teaching strategies for infants from birth to four months of age. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Teaching strategies used with infants should focus mainly on language development.
		2. An infant should be held while being bottle fed.
		3. Basically, diaper changing times are unpleasant and should be completed as quickly and neatly as possible.
		4. Since newborns cannot hear sounds at birth, there is no need to stimulate them with sounds for several months.
		5. Providing a variety of colorful objects within an infant's focusing distance helps the infant's sight.
		6. Exposure to different tastes, touches, and odors is healthy for an infant.

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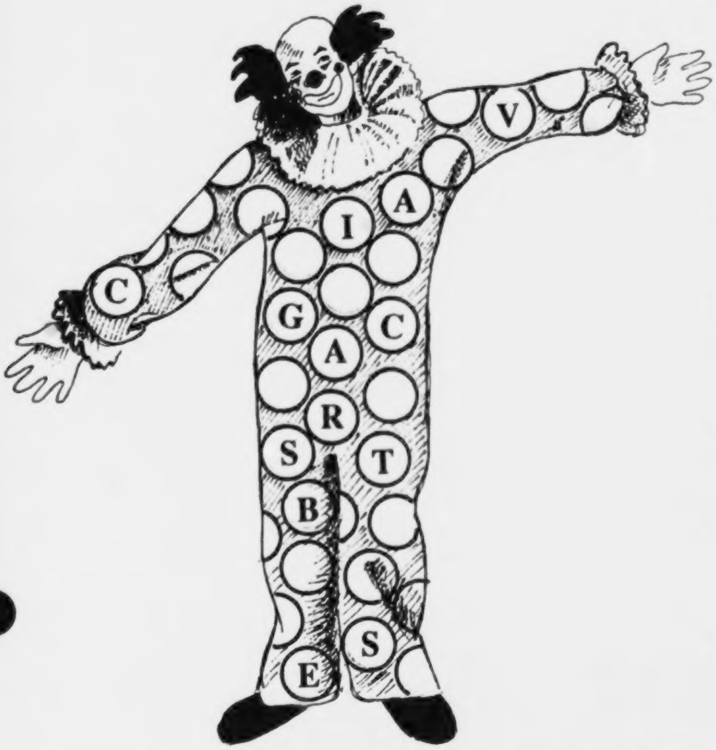
ACTIVITY 16-6 (continued)

TRUE	FALSE	STATEMENT
		7. It is best to allow infants to cry for a period of time before meeting their needs in order to avoid spoiling them.
		8. Quiet infants are usually not as smart as active infants.
		9. Caregivers should talk to infants to encourage them to communicate.

ACTIVITY 16-7

DIRECTIONS: Complete the following activity to describe major characteristics of infants from four to eight months of age. Use the letters on the clown's suit as clues. Use each letter as the first letter of a word to complete each sentence below. Place the missing words in the spaces provided.



1. Infants during this period adapt better to a scheduled ________________ than younger infants do.
2. Infants learn to sit up with no ________________ during this period.
3. Between the fourth and sixth months, infants usually learn to move around by ________________ .
4. Infants express different emotions and begin ________________ with other people.
5. Infants gain more ________________ control of the skills of reaching, grasping, and releasing between four and eight months.
6. During this period, infants may be uncomfortable when they begin ________________ .
7. During this time period, infants enjoy making and responding to ________________ .
8. Happiness, fear, pleasure, and frustration are examples of ________________ which infants often express.
9. When an infant clings to a caregiver, cries, or tries to move away from an unfamiliar person, he or she is showing stranger ________________ .
10. If an infant does not adapt easily to changes, changes in eating patterns and routines should be introduced ________________ .
11. Socially, infants from four to eight months develop strong ________________ to parents and other familiar caregivers.
12. ________________ is a pleasurable speech sound made by infants to express feelings of comfort and satisfaction.
13. ________________ is the repetition of speech sounds which infants learn as part of language development.

ACTIVITY 16-8

DIRECTIONS: Read each of the teaching strategies described below. If the strategy is appropriate and would aid the development of infants from four to eight months of age, place a "YES" in the blank to the left of the strategy. If the strategy is not appropriate or useful for infants of this age, place a "NO" in the blank.

TEACHING STRATEGIES

________ 1. Allow infants to sit and stand for brief periods several times during the day.

________ 2. Place a toy on the floor slightly out of infant's reach.

________ 3. Provide small toys of any shape that cannot be swallowed.

________ 4. Provide materials such as zipper boards and jars with lids to stimulate manipulation.

________ 5. Provide puzzles for development of small muscle coordination.

________ 6. Provide food which will stay on a fork.

________ 7. Play funny games such as "touch your nose."

________ 8. Play "mimicking" games.

________ 9. Cover part of an object which a child has seen. Allow child to push or pull cover off object.

________ 10. Play peek-a-boo.

________ 11. Provide toys and equipment that require sharing.

Now, think of one teaching strategy not mentioned above which would be appropriate for infants from four to eight months of age. Describe the strategy in the space provided below.

____

____

____

____

ACTIVITY 16-9

DIRECTIONS: Complete the following sentences related to major characteristics of infants from eight to twelve months of age. Supply the missing letters in the blanks provided.

1. Infants eight to twelve months of age can move by creeping and __________ .

☐ ☐ A ☐ ☐ ☐ ☐ ☐

2. During this time period, infants become __________ of people and objects they like.

☐ O ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. By twelve months of age, infants use babbling, words, and other sounds in order to __________ .

☐ ☐ ☐ ☐ U ☐ ☐ ☐ ☐ ☐ ☐

4. Infants of this age will usually follow __________ for eating, sleeping, and elimination.

☐ ☐ ☐ T ☐ ☐ ☐ ☐

5. Infants eight to twelve months old are very fascinated with their new __________ .

☐ ☐ ☐ I ☐ ☐ ☐ ☐

6. Infants eight to twelve months old usually sleep __________ to __________ hours at night.

☐ ☐ ☐ ☐ ☐   ☐ ☐ ☐

7. Infants during this time period eat __________ foods.

☐ ☐ ☐ ☐ D

8. Infants eight to twelve months of age may __________ other children, causing bruises and teeth marks.

☐ ☐ ☐ ☐

9. Bowel and bladder elimination patterns become more __________ as infants get older.

☐ ☐ ☐ ☐ I ☐ ☐ ☐ ☐ ☐ E

10. An obvious sign of emotional development during the eight-month-old to twelve-month-old period is development of __________ .

☐ ☐ ☐ F ☐ ☐ ☐ ☐ ☐ ☐ ☐

ACTIVITY 16-9 (continued)

11. With new independence, infants sometimes behave in __________ ways by pushing food away or throwing toys.

			A				

12. Older infants need the security of having a __________ caregiver in sight at all times.

					I		

13. By this stage, infants have developed the concept of object __________ .

									E

14. During this stage, infants begin to __________ words with objects.

					I			

15. During this stage, infants begin to __________ as a first step in writing development.

	C						

ACTIVITY 16-10

DIRECTIONS: Outline appropriate teaching strategies to meet developmental needs of infants from eight to twelve months of age by completing the following activity. Read each strategy described below. If you approve of a strategy for use with infants of this age group, draw a "stamp of approval" next to the description. For approved activities, identify the area of development which the strategy most enhances (physical, emotional/social, or intellectual/language). An example is provided.

Strategy	Approval	Area of Development
1. Provide infants with safe, small objects to grasp.	APPROVED	physical
2. Allow the infant to make choices.		
3. Place infant's favorite toy(s) slightly out of reach.		
4. Read simple books aloud to infants.		
5. Provide chances for children to help clean up.		

ACTIVITY 16-10 (continued)

Strategy	Approval	Area of Development
6. Encourage children to complete toileting activities themselves.		
7. Play games that encourage hopping and jumping.		
8. Expect children to put toys away.		
9. Avoid the use of "no" whenever possible.		
10. Serve finger foods when possible.		

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Chapter Seventeen
Toddlers

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques. (f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)
- Point out developmental differences in children of various ages. (f1B)

OBJECTIVES TO ACHIEVE

- Describe major characteristics of toddlers from 12 to 18 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 12 to 18 months of age.
- Describe major characteristics of toddlers from 18 to 24 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 18 to 24 months of age.
- Describe major characteristics of toddlers from 24 to 30 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 24 to 30 months of age.
- Describe major characteristics of toddlers from 30 to 36 months of age.
- Outline appropriate teaching strategies to meet the developmental needs of toddlers from 30 to 36 months of age.

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Toddlers are children between ages one and three when they normally learn to walk. Toddlers develop rapidly and experience many changes. Because of their new ability to move around, toddlers can learn and discover from exploring. Because toddlers are active and energetic, caregivers are challenged to provide them with safe and positive learning environments.

This chapter explores the major characteristics of toddlers by describing toddlers in four different age periods. As children's traits are described, teaching strategies are suggested which are appropriate for use with the described age group. The importance of all activities to physical, emotional, social, and mental/intellectual development is emphasized.

ACTIVITY 17-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

autonomy ____________________

difficult child ____________________

easy child ____________________

self-help skills ____________________

slow-to-warm-up child ____________________

telegraphic speech ____________________

toddlers ____________________

ADDITIONAL TERMS

ACTIVITY 17-2

DIRECTIONS: Complete the following activity to describe major characteristics of toddlers from 12 to 18 months of age. Read each item listed below. If the item describes a toddler between the ages of 12 to 18 months, draw a ☺ in the space to the left of the item. If the item does not describe a 12 to 18-month-old toddler, leave the space blank.

______ 1. Are active

______ 2. Can stand up

______ 3. Like pretend play

______ 4. Can do abstract thinking

______ 5. Can walk and run smoothly

______ 6. Can crawl

______ 7. Play well with other children their age

______ 8. Are toilet trained

______ 9. Understand the feelings of others

______ 10. Learn language through imitating words and sounds

______ 11. Behave differently toward different people

______ 12. Have a short attention span

______ 13. Learn by exploring and experimenting

______ 14. Use more recognizable words than before

______ 15. Learn to recognize themselves in the mirror

______ 16. Are self-centered

______ 17. Are always independent

______ 18. Control emotions well

______ 19. Almost always like new caregivers immediately

______ 20. Like to share

ACTIVITY 17-2 (continued)

Select two of the characteristics identified above for toddlers 12 to 18 months of age. Write a brief statement of three or four sentences describing a toddler you have seen who displayed these characteristics.

____

____

____

____

____

____

ACTIVITY 17-3

DIRECTIONS: Complete the following activity to outline appropriate teaching strategies to meet the developmental needs of toddlers from 12 to 18 months of age. Read each item below. Place a code in the blank to the left of each item to identify the type of development which the strategy encourages. If a strategy is listed which is not appropriate for toddlers from 12 to 18 months of age, indicate so by coding it.

CODE LIST

PD — Physical Development
ED — Emotional Development
SD — Social Development
ILD — Intellectual and Language Development
NA — Not Appropriate

_______ 1. Provide ample materials and toys so sharing may be encouraged but not required.

_______ 2. Provide chances for children to help clean up, pass out items, and assist with clothing.

_______ 3. Provide children food which requires use of a fork.

_______ 4. Provide a safe area and a target for toddlers to throw small, soft objects.

_______ 5. Provide touching, stroking, and holding interactions.

_______ 6. Allow toddlers to attempt activities by themselves. Do not interfere if toddlers can succeed without help.

_______ 7. Hide a toy while the toddler watches. Ask the child to find it. Praise successful efforts.

_______ 8. Play sound games. Point out a picture of an animal and make the sound it makes.

_______ 9. Do not force toddlers to interact with all people. Expect different responses and accept toddlers' choices.

_______ 10. Ask whether a child needs to go to the toilet before and after nap and outside play. Assist the toddler only when necessary with toileting.

ACTIVITY 17-4

DIRECTIONS: Complete the following activity related to characteristics of 18 to 24-month-old toddlers. Each item relates to a different area of development in children. For each item, select the choice which best describes the traits of most 18- to 24-month-old children. Place a ★ in the space to the left of your choice.

Physical Development

1. _______ A. Toddlers can release objects which have been grasped.

_______ B. Toddlers do not yet have control over small muscles.

2. _______ A. Caregivers must still feed toddlers all of their food.

_______ B. Toddlers can control their cups and spoons somewhat.

3. _______ A. Increased wrist flexibility helps toddlers in digging and in scribbling with a marker.

_______ B. Toddlers cannot yet throw objects or twist lids off of jars.

Emotional Development

1. _______ A. Fantasies increase during this time period.

_______ B. Toddlers understand their fears better when caregivers explain them.

2. _______ A. Changes in moods decrease.

_______ B. Changes in moods increase.

3. _______ A. Toddlers learn to control their emotions more easily.

_______ B. Toddlers begin to try to control the reactions of other people.

Social Development

1. _______ A. Toddlers usually consider the feelings of others.

_______ B. Toddlers are self-centered.

2. _______ A. Toddlers are usually shy about showing their work to other people.

_______ B. Toddlers want to show their favorite caregivers drawings and toys.

3. _______ A. Toddlers have a short attention span.

_______ B. Toddlers can pay attention for fairly long periods of time.

Intellectual and Language Development

1. _______ A. Toddlers learn to name a few familiar objects seen in pictures.

_______ B Toddlers cannot yet use sentences in their speech.

2. _______ A. Object permanence is understood.

_______ B. Toddlers cannot yet play peek-a-boo games.

3. _______ A. Toddlers are ready to start learning social words such as hello, thank you, and please.

_______ B. Toddlers understand the difference in "good" and "bad."

ACTIVITY 17-5

DIRECTIONS: Complete the following activity to outline appropriate teaching strategies for toddlers from 18 to 24 months of age. For each toddler trait identified, select a teaching strategy which should be used with children who possess the trait. Draw a line from each trait to the appropriate teaching strategy.

TODDLER TRAITS	TEACHING STRATEGIES
1. Children have more fantasies and fears than before.	A. Plan flexible and simple group activities, allowing children to move to another activity as desired.
2. Children have more wrist flexibility.	B. Communicate to children that they are still loved when they express negative emotions.
3. Toddlers wish to please.	C. Provide supervised free play on wheeled toys, slides, and safe climbing equipment.
4. Toddlers express feelings openly.	D. Allow children to show intense swings in emotions and behavior. Show children that you accept them as individuals.
5. Children have most of their baby teeth.	E. Encourage and work beside a child who wants to help clean up.
6. Children are ready to learn social words such as hello and thank you.	F. Listen to children's fears and comfort them. Accept fears as real.
7. Toddlers are self-centered.	G. Provide children with puzzles and games with easy-to-grasp knobs.
8. Toddlers have short attention spans.	H. Allow time for children to complete self-help tasks.
9. Large muscle control is improving with practice.	I. Plan mostly individual activities and plan group activities for only a few children.
10. Toddlers have changes in moods.	J. Talk with toddlers simply and clearly, using correct language skills.

ACTIVITY 17-6

DIRECTIONS: Complete the following activity to describe major characteristics of toddlers from 24 to 30 months of age. Read the case study situation below about two children and a caregiver. Each time a 🍎 appears, stop and analyze (in the space provided) the trait of the child which is shown through his or her behavior. One example is provided.

THE STORY OF MARIO AND SYLVIA

Mario is a two-year-old boy and Sylvia is a 27-month-old girl. Mario and Sylvia attend Happy Hills Child Care Center while their parents work. Mrs. Aloa is the caregiver in Mario and Sylvia's toddler class.

On Monday, Mrs. Aloa has several fun activities planned for the children in her toddler group. During the morning, the children have several learning centers from which to choose. These include cutting out Valentine hearts, building a pyramid with blocks, and throwing soft bean bags onto a large heart-shaped piece of paper on the floor. All of the children in the group are able to do these activities. 🍎 1. Improved eye-hand coordination and improved small muscle control The toddlers in the group are allowed to move from one activity to another when they tire of the activities they are doing. 🍎 2. ____________________

____

At mid-morning, it is time for the children to go outside and play. Mrs. Aloa and her assistants guide each child to the bathroom as the indoor activities are ending. Each child is assisted in toileting as needed. 🍎

3. ____

While some children go to the bathroom, other children complete their activities. Mario says he wants to help the teacher's assistant pick up the bean bags and return them to a cabinet. 🍎 4. ________________

____

When the children return to the classroom, Mrs. Aloa allows them to place special stickers on a chart showing their success at toileting. The children are encouraged and praised for their successes so they will feel good about themselves and gain more independence. 🍎 5. ______________________________

______________________________ Sylvia hugs Mrs. Aloa after she is given her sticker to place on the chart. 🍎 6. ____

ACTIVITY 17-6 (continued)

The children go outside for supervised free play time. Several of the children run around the playground. Mario and his friend, Joe, decide to ride on wheeled toys. Sylvia and her friend, Mindy, roll a large ball to each other. 🍎 7. ____

After about five minutes, Mario and his friend decide they want to play "ball." They run and get the ball that Sylvia and Mindy are using. The four children yell at each other as Mario runs away with the ball. 🍎 8. ____

While running after Mario, Joe falls and skins his knee. He begins to cry as he holds his injured knee. Mario runs back to Joe and pats Joe's leg to try to get him to stop crying. 🍎 9. ____________________

____

While patting Joe's leg, Mario says, "Sorry leg hurt." 🍎 10. ____________________

____

In the meantime, Sylvia and Mindy have started digging in the sandbox. They sit next to each other, but each child builds her own structure. 🍎 11. ____________________

____________________ ________ As Sylvia uses a large plastic cup to form a "castle," she stops and looks at the top of the cup. She points to it and says to Mindy, "See circle." 🍎 12. ________

____

ACTIVITY 17-7

DIRECTIONS: Outline appropriate teaching strategies to meet the developmental needs of toddlers from 24 to 30 months of age by completing the following activity. For each statement with which you agree, place a √ in the column marked "Agree." For each statement with which you disagree, place a √ in the column labeled "Disagree." In the space below each statement, write a one-sentence statement defending your answer.

TEACHING STRATEGIES	AGREE	DISAGREE
1. Providing food which will stay on a fork helps 24 to 30-month-old toddlers at their developmental stage.		
2. Require all toddlers to go to the toilet before nap time and punish any children who have toileting accidents.		
3. When Abbey, a 26-month-old girl, climbs up on the art table, it would be most appropriate for the caregiver to say loudly, "No, Abbey! Don't ever let me see you climb on that table again!"		
4. When Billy, a 2-year-old boy, accidentally spills his milk during lunch time, it would be best for the caregiver to say, "Here, Billy. Let me help you clean up that milk. You have been doing such a good job of drinking from your cup lately. We'll work together to clean this up."		

ACTIVITY 17-7 (continued)

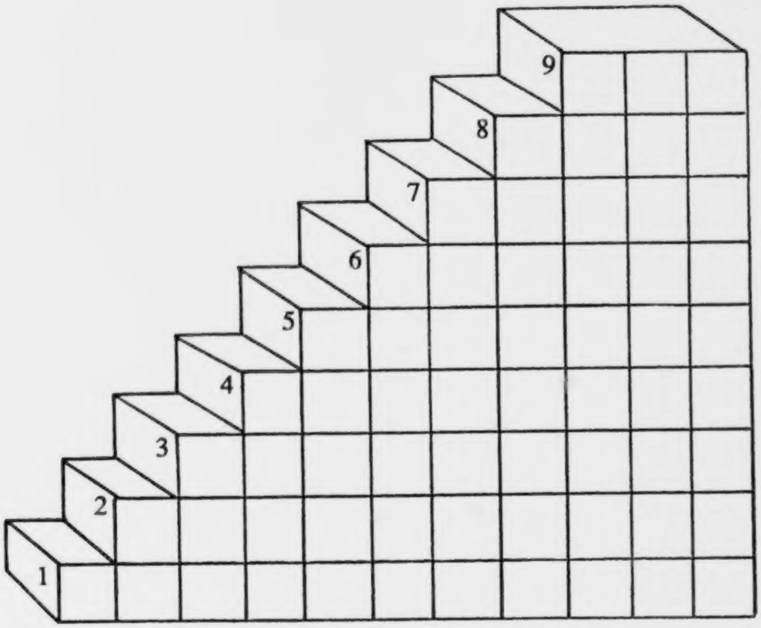
TEACHING STRATEGIES	AGREE	DISAGREE
5. An activity which provides two large plastic balls and two large plastic bats for a group of ten toddlers would work well.		
6. Mrs. Black is a teacher for a child care center. A good activity for a small group of toddlers is holding up large pictures of animals and letting the children take turns making up a sentence about each picture.		

ACTIVITY 17-8

DIRECTIONS: Complete the following activity to describe major characteristics of toddlers from 30 to 36 months of age. Read the clues below to determine the meaning of each word regarding traits of toddlers. Write the word in the puzzle boxes to the right of the number corresponding to the number of the clue. Begin the puzzle with the first clue.

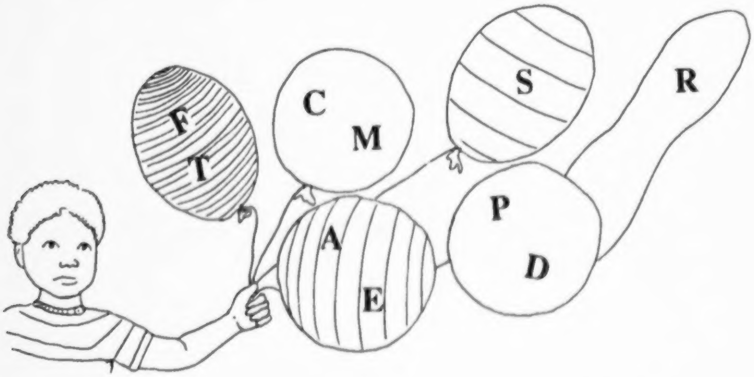
CLUES

1. Rapid periods of physical growth which cause toddlers to lose their balance often, can be __________ for children.
2. Toddlers between 30 and 36 months are __________ of toys.
3. As toddlers grow older, they __________ in play and even form deep friendships.
4. At this age, toddlers express enthusiasm about __________.
5. Toddlers become more interested in __________ play during this period of development than they have before.
6. Most children have completed __________ training by 36 months of age.
7. At this stage of development, toddlers learn to __________ about objects and actions without having actual physical experiences.
8. Toddlers continue to be __________ - centered at this stage of [illegible]elopment.
9. Children may __________ each other simply to express anger or because they have seen others do it.



ACTIVITY 17-9

DIRECTIONS: Complete the following activity to outline teaching strategies which meet the developmental needs of toddlers from 30 to 36 months of age. Read each of the statements below. A letter on each of the toddler's balloons begins one of the words which best completes each statement. Place the most appropriate answer in the blank provided for each statement. After all blanks are filled, unscramble the letters from the shaded balloons to complete the Summary Statement.



1. During the 30 to 36-month-old period, teaching strategies for physical development should focus on learning ____________________ skills, such as dressing, toileting, eating, and washing.

2. Teaching strategies for this age group should provide ____________________ which are challenging but which allow children to be successful.

3. As toddlers become more confident in their physical abilities, they tend to ____________________ more at the intellectual level.

4. It is important for caregivers to provide consistent daily ____________________ so that toddlers know what to expect and learn to help themselves.

5. Toddlers should be provided with games and songs which use jumping, clapping, running in place, and walking to develop large ____________________ control.

6. Caregivers can help toddlers stop hitting others by showing them ways to express negative ____________________ without hitting.

7. Because they still focus on self during this period, toddlers should be allowed to ____________________ some toys and materials for a period of time.

8. Toddlers enjoy ____________________ when caregivers listen to their thoughts and ideas.

9. Toddlers learn best by ____________________ rather than watching.

10. ____________________ play is good for toddlers' speech development.

Summary Statement:

__ __ __ __ __ Y is a major concern of caregivers for toddlers.

18

Chapter Eighteen
Preschoolers

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques. (f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages.(f1B)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Explain the importance of recognizing normal developmental differences among children of the same age group.
- Describe major characteristics of three-year-olds.
- Outline appropriate teaching strategies to meet the developmental needs of three-year-olds.
- Describe major characteristics of four-year-olds.
- Outline appropriate teaching strategies to meet the developmental needs of four-year-olds.
- Describe major characteristics of five-year-olds.
- Outline appropriate teaching strategies to meet the developmental needs of five-year-olds.

Three, four, and five-year-olds are preschoolers and learn by testing themselves and their surroundings. This chapter summarizes the major characteristics of each age group of preschoolers. Certain "norms" or average traits of preschoolers can be identified. However, what is "normal" for one child might be above or below the "average." Realizing that each child is an individual helps caregivers to allow for behavior differences in children. Knowing general traits to expect in different age groups helps caregivers to plan appropriate teaching strategies.

ACTIVITY 18-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

discovery model ______________________________

instructional model ______________________________

norm ______________________________

ADDITIONAL TERMS

____

____

____

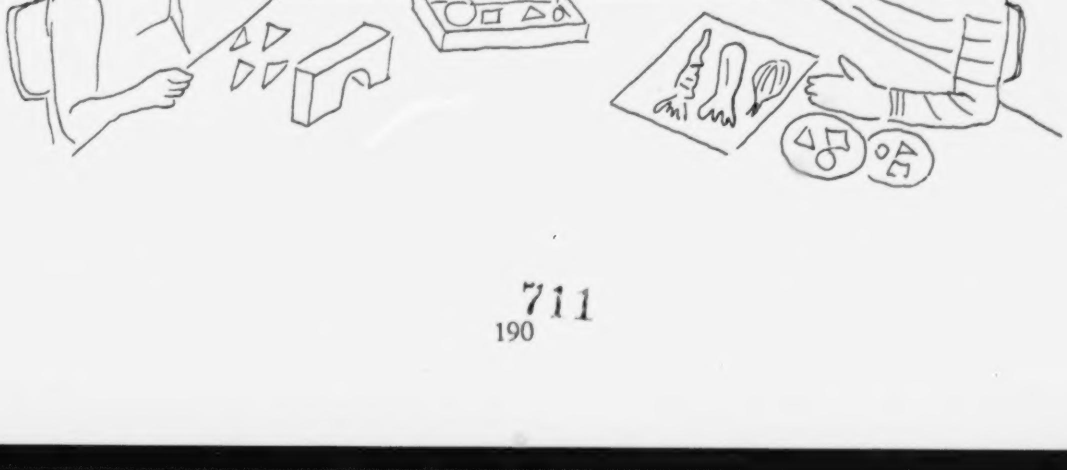
____

____

____

____

____



ACTIVITY 18-2

DIRECTIONS: Answer the following questions in complete sentences to explain the importance of recognizing normal developmental differences among children of the same age group.

1. Explain what the term "norm" means.

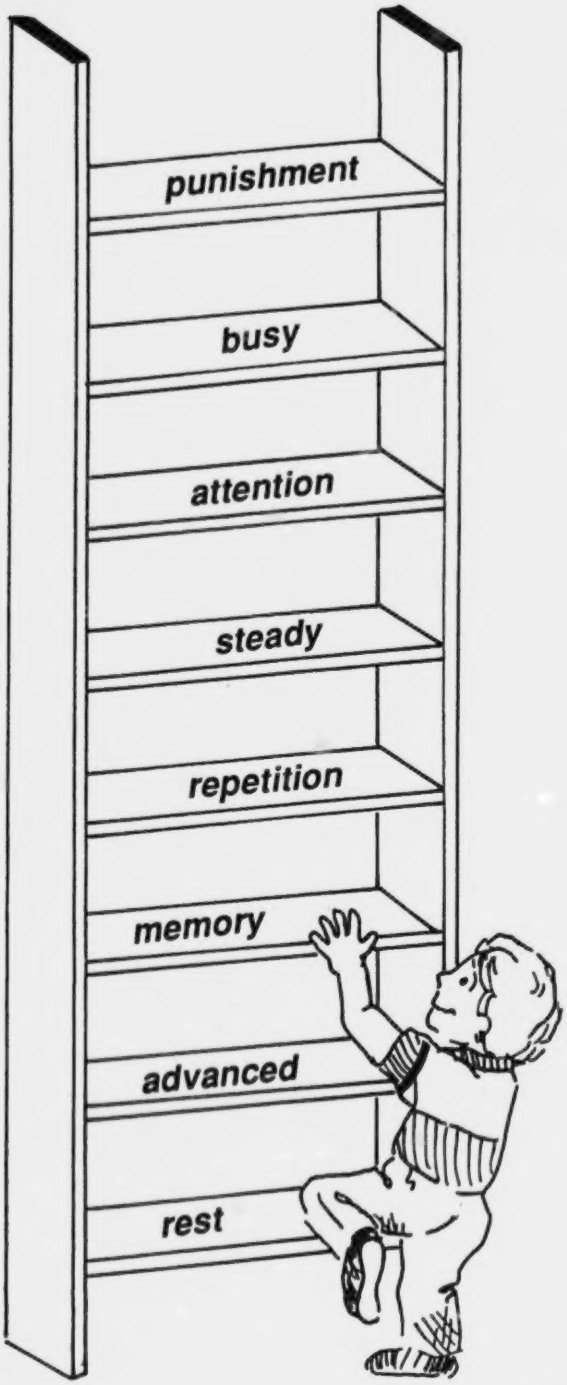
2. Explain about differences in developmental norms between different children and differences within the same child.

3. Discuss how child care programs should be planned for children who attend school programs part of the day.

4. Describe differences between the discovery model and the instructional model used in teaching young children.

ACTIVITY 18-3

DIRECTIONS: Complete the following activity to describe major characteristics of three-year-olds. Help the three-year-old pictured climb to the top of the "developmental ladder" by completing the item beside each step on the ladder. Begin at the bottom of the ladder with item #1. Fill in the blank in each item by selecting the most appropriate word from one of the ladder steps.



8. Three-year-olds are in a state of ____________________ growth.

7. For three-year-olds, small muscle skills are not as ____________________ as large muscle skills.

6. Three-year-old children are extremely ____________________.

5. Since three-year-olds are very active, they need a midday ____________________ even if they do not sleep.

4. Although most three-year-olds are toilet trained, ____________________ should not be used if they have accidents.

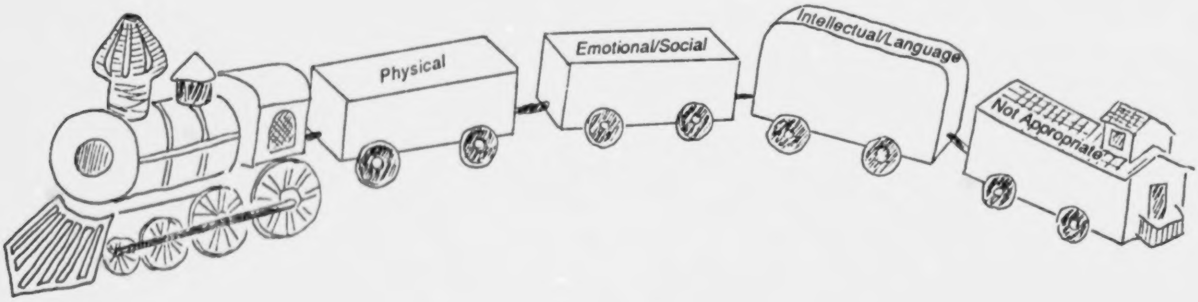
3. Three-year-old children like the ____________________ of familiar stories.

2. Three-year-olds sometimes try to gain ____________________ by showing off.

1. When a child learns to follow simple, concrete directions, it shows that his or her ____________________ is expanding.

ACTIVITY 18-4

DIRECTIONS: Outline appropriate teaching strategies for three-year-olds by completing the following activity. Each of the cars of the toy train shown below is labeled with an area of development. Read the teaching strategies listed below the toy train. Decide which area of development is most enhanced if the teaching strategy is used with children. Place the number of the teaching strategy in the correctly titled train car. If a teaching strategy is not appropriate for most three-year-olds, list it in the "Not Appropriate" caboose.

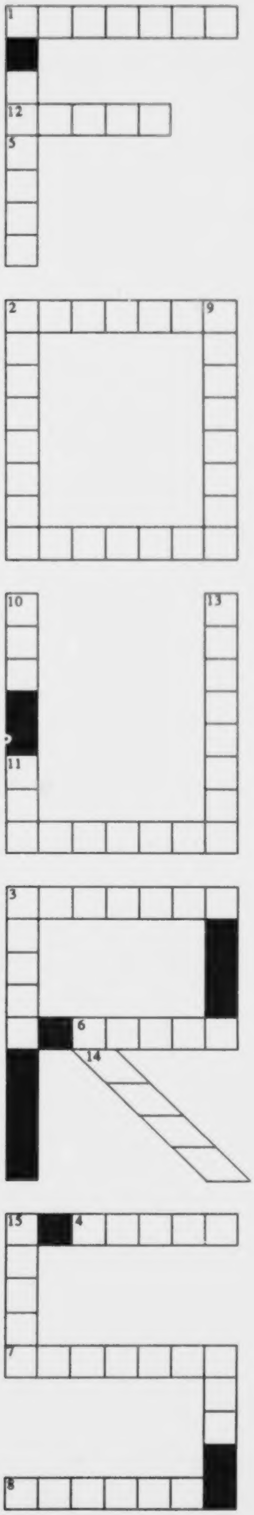


Teaching Strategies For Three-Year-Olds

1. Assign different children to change the water and clean the goldfish aquarium.
2. Play music and encourage children to move to the music by running, jumping, or galloping.
3. Comfort a child who is afraid of sitting on the Easter Bunny's lap when the class takes a field trip to a local mall.
4. Show children pictures and encourage them to name objects in the pictures.
5. Lead children in simple finger plays.
6. Encourage children to make pretend cookies and cakes from play dough.
7. Mark circles on a sidewalk and have children hop like kangaroos from circle to circle.
8. Repeat familiar stories to a small group of children.
9. Encourage children to play games such as jacks, marbles, and pick-up sticks.
10. During conversations with children, repeat in full sentences what a child says.
11. Explain how evaporation happens by having children conduct a scientific experiment using different liquids, glass bottles, and saucers.
12. Provide items which encourage children to play dress-up together.
13. Have children rotate in doing tasks such as stacking books, setting the table at mealtime, and serving simple snacks.

ACTIVITY 18-5

DIRECTIONS: To explain major characteristics of four-year-olds, complete the following "FOURS" puzzle. Some items will begin in one direction and continue in another.



ACROSS

1. Four-year-olds have better control of large _______ than younger children.
2. Sometimes, four-year-olds try to talk so fast that they may _______ .
3. Four-year-olds begin trying to separate fact from _______ .
4. Around four years of age, children may start using "bad" words and calling each other _______ .
5. Four-year-old children are often hard to control and _______ .
6. Four-year-old children's imaginations sometimes cause them to develop _______ .
7. Four-year-olds usually use complete _______ when talking to one person.
8. Four-year-olds have a/an _______ imagination.

DOWN

2. Often, four-year-olds may seem _______ when they insist on doing something "their way."
3. Four-year-olds may try to solve quarrels with their _______ rather than with words.
9. Four-year-olds begin to reason in a logical way and see __________ between different things.
10. A question commonly asked by four-year-old children is _______ .
11. Four-year-olds _______ caregivers more than younger children do.
12. Having an extra amount of physical _______ is a trait of most four-year-olds.
13. Fours are _______ and like to play with other children.
14. Since four-year-olds want to impress others, they may like to _______ .
15. Because of improved control of their _______ , four-year-olds can cut on a line, saw a board, or handle a paper punch fairly well.

ACTIVITY 18-6

DIRECTIONS: List appropriate teaching strategies for four-year-olds by completing the following activity. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

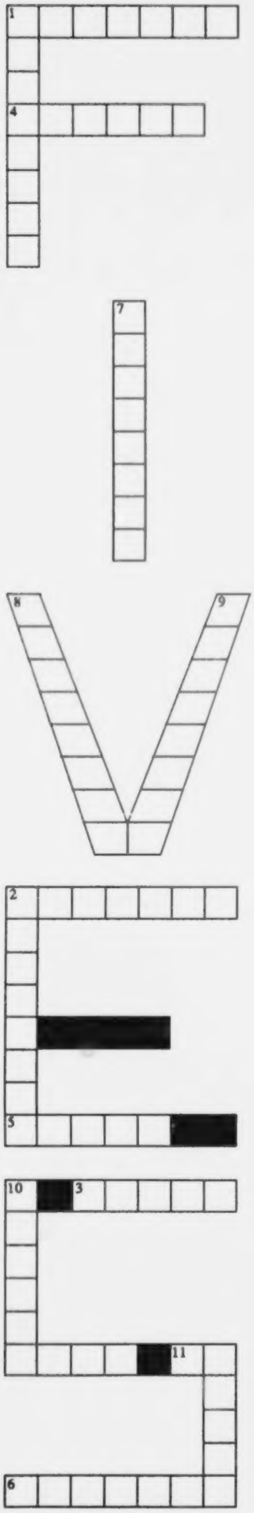
TRUE	FALSE	STATEMENT
		1. It is wise for caregivers to expect four-year-olds to have lots of extra physical energy, to be noisy, and to be hard to control at times.
		2. Most four-year-olds should be able to cut with scissors, if supervised.
		3. Since four-year-olds are becoming more skilled in small motor activity, caregivers should increase indoor activity time.
		4. A good activity for four-year-olds' physical development is having children catch a ball, balloon, or bean bag.
		5. Since four-year-olds usually prefer playing alone, caregivers should plan mostly activities which children can do by themselves.
		6. If a caregiver ignores a four-year-old's bad behavior, he/she is using positive reinforcement with the child.

ACTIVITY 18-6 (continued)

TRUE	FALSE	STATEMENT
		7. Sometimes it may be appropriate to punish four-year-olds for calling other children names or for hitting other children.
		8. In order to avoid giving four-year-old children any ideas which might frighten them more, it is best to avoid talking about their fears.
		9. It is important for caregivers to listen patiently to what children have to say.
		10. Activities which have children compare and place objects in an order by size help four-year-olds to understand size relationships.

ACTIVITY 18-7

DIRECTIONS: Complete the following "FIVES" puzzle to identify major characteristics of five-year-olds. Some items will begin in one direction and continue in another.



ACROSS

1. Fives can separate _______ from reality.
2. Rules have _______ for five-year-old children.
3. Five-year-olds are more likely to communicate with _______ rather than by fighting.
4. Five-year-olds seem to display less _______ than four-year-olds do.
5. _______ muscle control develops early for some five-year-olds and later for others.
6. Compared to four-year-olds, five-year-olds are _______ and more easygoing.

DOWN

1. Socially, fives are cooperative and _______ .
2. Fives do not like to make _______ .
7. Five-year-olds have trouble _______ if a trick is played on them.
8. There is usually less _______ in group play with five-year-olds than with four-year-olds.
9. Fives may become concerned about _______ things they see on television.
10. Five-year-olds talk in full _______ .
11. Five-year-olds have a _______ attention span than younger children.

ACTIVITY 18-8

DIRECTIONS: The following statements are related to teaching strategies for five-year-olds. Each statement contains a scrambled word. Unscramble the words and place them in the boxes provided. When all words are unscrambled, use the circled letters to fill in the blank in the summary statement at the end of the activity.

1. For five-year-olds who spend part or most of the day in public schools, the child care center should meet mainly social and A O O I E T L M N needs.

☐☐○☐☐☐☐☐☐

2. If five-year-olds are enrolled in full-time child care, L L L E E A T N T C I U goals should be stressed.

☐☐☐☐☐☐☐○☐☐☐☐

3. Activities planned for five-year-olds enrolled in full-time child care should prepare children for A O F M R L schoolwork.

○☐☐☐☐☐

4. When five-year-olds paint and draw, caregivers should expect different skill levels and avoid comparing I I I L E S A B T of children.

☐☐☐☐☐☐☐○☐

5. Providing children with carpentry experiences that involve use of hammers and nails encourages Y E E - A H D N coordination.

☐☐☐-☐☐☐○

6. Five-year-olds need activities that require group A E O O O N C T R P I.

☐☐☐☐☐○☐☐☐☐☐

7. In the language development of five-year-olds, it is important for them to learn the use of full N N C E E E T S S.

☐☐☐☐☐☐☐☐☐

SUMMARY STATEMENT: Since muscle control develops at different times for different children, new skills should not be ___ ___ ___ ___ ___ ___ on children.

19

Chapter Nineteen
School-Age Care

ESSENTIAL ELEMENTS

- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages.(f1B)
- Apply techniques for learning activites of children.(f4C)
- Apply classroom management and program planning techniques. (f4E)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Identify developmental characteristics and signs of developmental problems in school-age children.
- List examples of teaching strategies which create a positive environment for school-age child care.
- Point out opportunities for summer programming in school-age child care.
- List guidance concepts for and special needs of school-age children in child care.
- Identify social concerns regarding children in self-care.

Children who attend school part of the day and are enrolled in child care programs need activities which are different from a structured school setting. School-age children enjoy group activities and take pride in developing new skills. Summer programs allow more time to complete long-term projects and to develop positive relationships. This chapter explains major characteristics of school-age children. Activities and teaching strategies are suggested which caregivers may use with school-age children for fun and learning.

ACTIVITY 19-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

after-school programs ______________________________

brainstorm ______________________________

cooperation ______________________________

extended-care programs ______________________________

extended-day programs ______________________________

school-age child care programs ______________________________

self-care children ______________________________

ADDITIONAL TERMS

____

____

____

____

____

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____

____

721

ACTIVITY 19-2

DIRECTIONS: Complete the following multiple-choice activity to identify developmental characteristics of and signs of developmental problems in school-age children. In the blank to the left of each item, place the letter of the response which best answers the question or completes the statement.

_____ 1. School-age children range from
  A. three to ten years of age.
  B. five to fifteen years of age.
  C. six to twelve years of age.
  D. eight to twelve years of age.

_____ 2. School-age children need to feel a sense of security and belonging because they
  A. are still young.
  B. are creative.
  C. are not as mature as before.
  D. rarely interact with others.

_____ 3. School-age children
  A. grow very slowly.
  B. grow in uneven spurts.
  C. grow evenly and gradually.
  D. all of the above.

_____ 4. School-age children
  A. prefer mostly individual work.
  B. do not like jokes and rhymes.
  C. should avoid physical activity.
  D. need the structure of rules.

_____ 5. School-age children need
  A. friends.
  B. punishment.
  C. to avoid too much reading or written work.
  D. to be dependent on adults.

_____ 6. When children start school, this problem may be noticed for the first time:
  A. a hearing problem.
  B. a behavior problem.
  C. a vision problem.
  D. all of the above.

_____ 7. Signs that a child has destructive behavior include
  A. headaches and hearing problems.
  B. lying, cheating, and fighting.
  C. complaining and being surprised by a loud noise.
  D. all of the above.

ACTIVITY 19-3

DIRECTIONS: Complete the following activity to list example teaching strategies for school-age child care. In the space provided for each category, describe one activity which could be planned for school-age children.

ARTS AND CRAFTS
FIELD TRIPS
GAMES
COLLECTIONS
MUSIC AND MOVEMENT
PUPPETS
PROJECT BOXES

ACTIVITY 19-4

DIRECTIONS: Complete the following activity to point out opportunities for summer programming in school-age child care. Read each item below. If the item states an advantage for summer programming for school-age children not available at other times, write the word "yes" in the blank to the left of the item. Leave other items blank.

__________ 1. Summer programs allow children to learn real adult skills.

__________ 2. Summer programs offer a more relaxed, slower-paced program.

__________ 3. Summer programs allow for mainly shorter-term projects so children are not as bored.

__________ 4. Children can develop special skills and talents which require special training during summer months.

__________ 5. More time is available for swimming and field trips during summer months.

__________ 6. Child care centers usually hire people to teach special classes during the summer.

__________ 7. Less free time is available in the summer and children become less bored.

__________ 8. Summer child care costs much less than child care during the school year.

__________ 9. In summer months, the weather usually permits more outdoor activities.

__________ 10. Since fewer children usually enroll in child care during the summer months, there is more time for friendships involving caregivers and children.

ACTIVITY 19-5

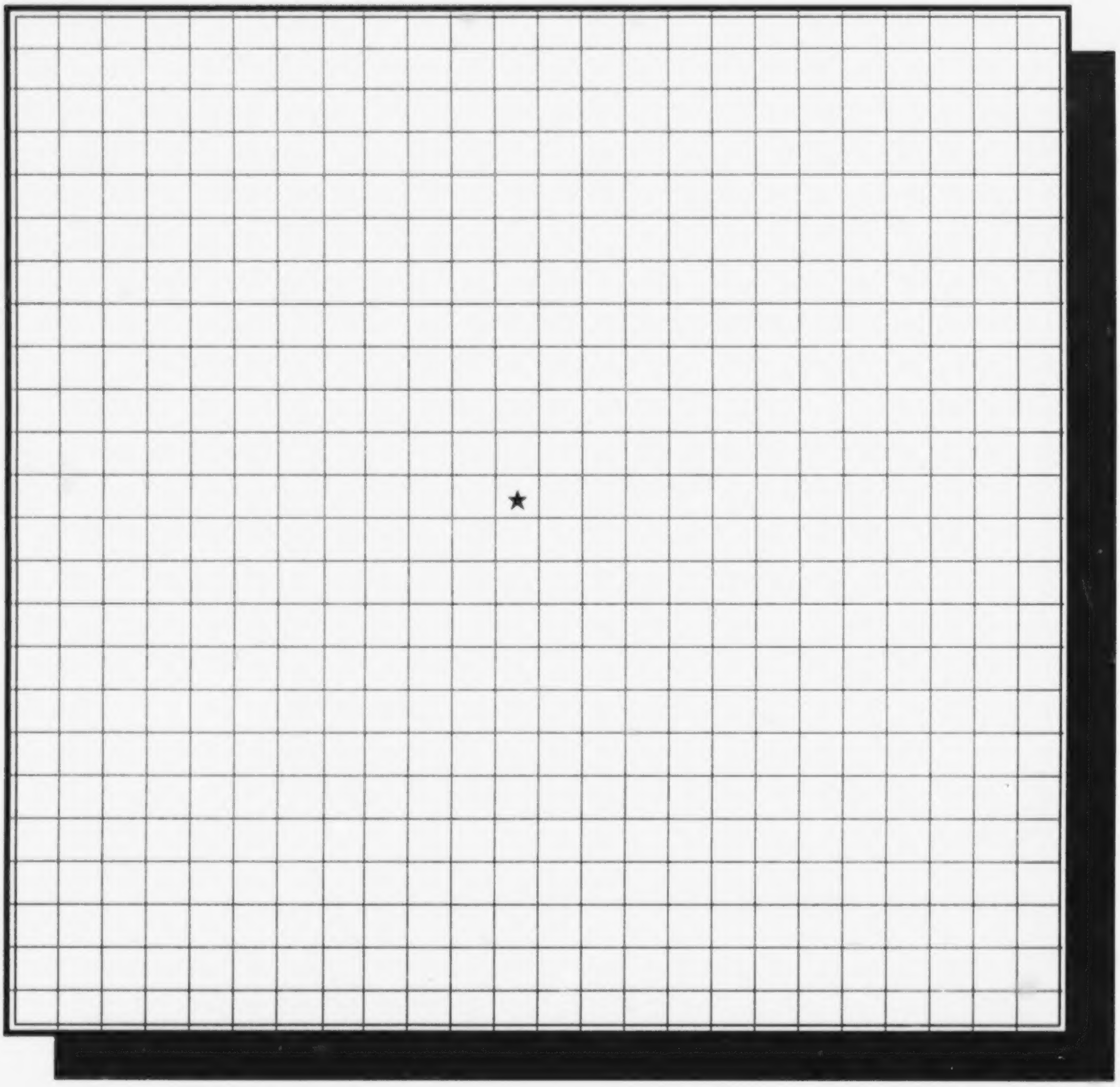
DIRECTIONS: Complete the following activity to list guidance concepts for and special needs of school-age children in child care. For each statement with which you agree, write the word "agree" in the right-hand column. For each statement with which you disagree, write the word "disagree" in the right-hand column. Then write a one-sentence statement defending your answer in the space below each statement.

1. It is important for caregivers to expect friendships to be important in the play of school-age children.	
2. Since most adults understand cultural values, there is not much need to focus on cultural differences among school-age children.	
3. By the time children reach school-age, they usually do not have any fears or worries.	
4. It is important to offer school-age children a change of pace from structured school activities.	
5. School-age children should be allowed the right to disagree.	

ACTIVITY 19-6

DIRECTIONS: Use the scramble board below to list one-word concerns regarding self-care (latchkey) children. Branch off each word with another one-word concern, trying to include as many concerns as possible. Below is an example using learning activities and toys for children.

```
      B  R
      O  E
    D O  CHALKBOARD
    O K  O
PUZZLES  R
    L    D
    SKATES
```



20 Chapter Twenty Development in Children with Special Needs

ESSENTIAL ELEMENTS

- Apply classroom management and program planning techniques. (f4E)
- Demonstrate appropriate teaching methods and skills.(f4B)
- Point out developmental differences in children of various ages.(f1B)
- Point out appropriate techniques when working with children with special needs.(f4D)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)

OBJECTIVES TO ACHIEVE

- Analyze the nature of mental retardation and learning disabilities in young children.
- Describe characteristics of sensory handicapping, physically handicapping, communication handicapping, and emotional/behavioral handicapping conditions in young children.
- Explain the nature of giftedness in young children.
- Explain the importance of screening and assessment in assisting children who have special needs.
- Discuss techniques used through mainstreaming special needs children to improve the education of all children enrolled in a program.

Special needs children have conditions such as mental retardation, physical handicaps, or giftedness. It is important for caregivers to understand these special needs in order to care for children. Various professionals can help special needs children. Understanding the child care center's policy for referring children to professionals is important. This chapter emphasizes creating a positive environment for special needs children to help them develop to their greatest potential.

ACTIVITY 20-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as is it used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

articulation disorders ____________________

assessment ____________________

behavior modification ____________________

blind ____________________

communication handicapping condition ____________________

deaf ____________________

emotional/behavioral disorder ____________________

fluency disorders ____________________

gifted/talented children ____________________

hard of hearing ____________________

hearing impairments ____________________

language disorders ____________________

learning disability ____________________

mainstreaming ____________________

mental retardation ____________________

multi-sensory training ____________________

partially sighted ____________________

physically handicapping conditions ____________________

prosthesis ____________________

sensory handicaps ____________________

special needs children ____________________

ACTIVITY 20-1 (continued)

task analysis ____

visually impaired ____

voice disorders ____

ADDITIONAL TERMS

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ACTIVITY 20-2

DIRECTIONS: Answer the following questions in complete sentences to analyze the nature of mental retardation and learning disabilities in young children.

1. Name examples of environmental factors which can create special needs in children.

2. Define the term "handicap."

3. Identify the four categories of mental retardation.

4. In general, describe some of the common characteristics and problems of children who are mentally retarded.

5. List traits common to children with learning disabilities.

ACTIVITY 20-2 (continued)

6. Briefly describe three strategies which may be used for working with learning disabled children.

____

____

____

9 +7
6 +6
8 +9
+5
7 +6
4 +3

ACTIVITY 20-3

DIRECTIONS: Complete the following matching activity to describe characteristics of different handicapping conditions of young children. Match each condition described with the category of handicap in which it fits. Place the letter of the appropriate category in the blank to the left of each handicapping condition listed.

A. Sensory Handicap
B. Physical Handicap
C. Communication Handicap
D. Emotional/Behavioral Handicap

________ 1. Having a voice disorder which affects the pitch or loudness of the voice

________ 2. Having a fluency disorder which affects the rate and rhythm of speech

________ 3. Being hard of hearing

________ 4. Being defiant toward adults and destroying property

________ 5. Having a paralyzed arm

________ 6. Being unable to express or understand word meanings

________ 7. Being very shy, fearful, and withdrawn

________ 8. Being depressed often

________ 9. Having a congenital heart defect

________ 10. Having epilepsy

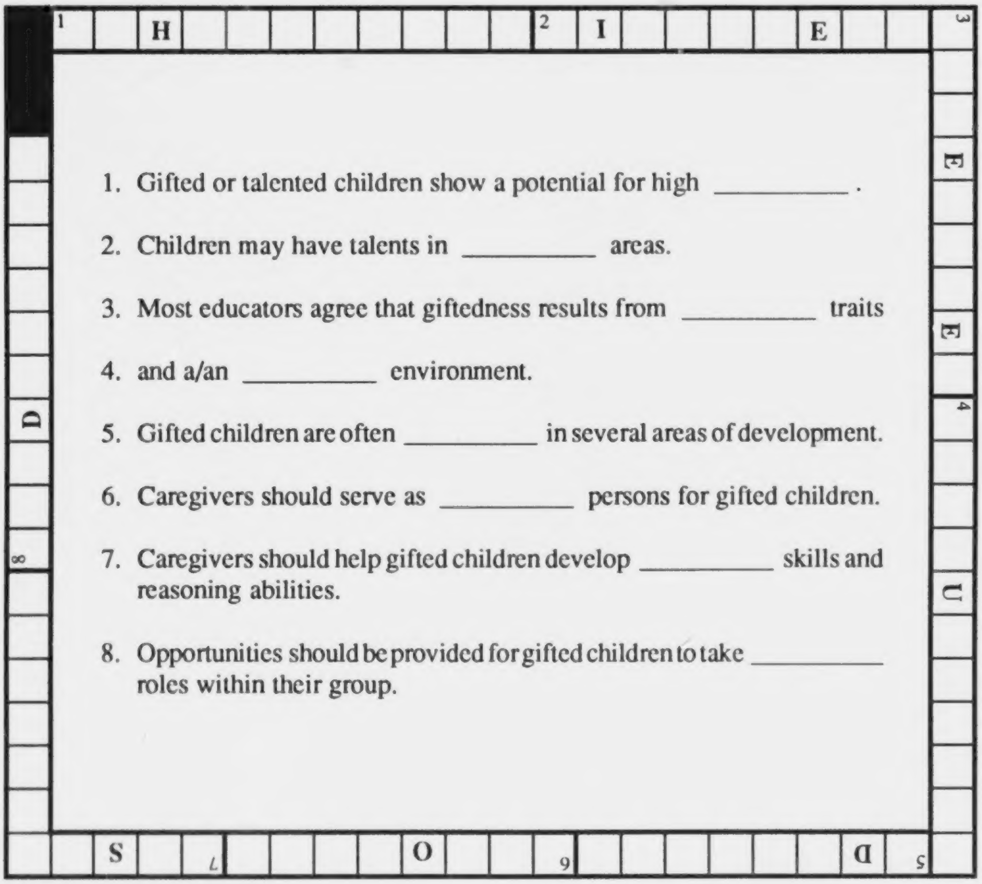
________ 11. Being partially sighted

________ 12. Being deaf

________ 13. Having a great lack of self-confidence

ACTIVITY 20-4

DIRECTIONS: Complete the following puzzle to explain the nature of giftedness in young children. Select the word(s) which best complete(s) each sentence. Then, for each item, place the answer(s) by the corresponding number in the square puzzle. Letter clues in the puzzle can be used to help you complete the sentences.



1. Gifted or talented children show a potential for high __________ .
2. Children may have talents in __________ areas.
3. Most educators agree that giftedness results from __________ traits
4. and a/an __________ environment.
5. Gifted children are often __________ in several areas of development.
6. Caregivers should serve as __________ persons for gifted children.
7. Caregivers should help gifted children develop __________ skills and reasoning abilities.
8. Opportunities should be provided for gifted children to take __________ roles within their group.

ACTIVITY 20-5

DIRECTIONS: Complete the following activity to explain the importance of screening and assessment in assisting children who have special needs. Read each statement. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Screening methods are used to identify special needs children in a child care program.
		2. Regular observations by caregivers serve as one screening method.
		3. The screening process gives parents final answers about a child's special needs problems.
		4. When referring a child with special needs for assessment, the first step is taking the child to a doctor.
		5. Caregivers usually diagnose a child's problems during a meeting with parents.
		6. Parents must sign a release form which permits a child care center to release records about their child to anyone.

ACTIVITY 20-5 (continued)

TRUE	FALSE	STATEMENT
		7. The best way for caregivers to assist special needs children is to give them individualized care.
		8. It is almost always best for special needs children to be cared for separately from children that are not exceptional.
		9. Special needs children are given labels through assessment to identify methods for caring for these children.

ACTIVITY 20-6

DIRECTIONS: "Step up" to meeting special needs of children by responding to the items on the staircase below. Begin with the bottom step. Write your answer to each question in the blanks provided below the staircase.

6. Define "mainstreaming."

5. List five needs which all children have.

4. Identify the major lifetime goal of handicapped children and explain how caregivers help children reach this goal.

3. Explain how caregivers can help children develop positive attitudes and accept children with special needs.

2. Describe strategies to use in encouraging positive group interactions with children.

1. Suggest ways in which the daily schedule in a child care program may differ if special needs children are enrolled.

1. ____

____

2. ____

____

3. ____

____

4. ____

____

5. ____

____

6. ____

____

21

Chapter Twenty-one
Guidance and Child Behavior

ESSENTIAL ELEMENTS

- Plan ways to assist children in their adjustment to child care.(f2C)
- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)
- Apply principles for maintaining a safe and healthy environment. (f3C)
- Apply techniques for learning activities of children.(f4C)
- Apply classroom management and program planning techniques. (f4E)

OBJECTIVES TO ACHIEVE

- Describe ways in which developmental levels of children influence behavior.
- Explain how various child care philosophies are used to guide children's behavior.
- Analyze the nature of positive and problem behavior in children.
- Identify guidance strategies for promoting positive behavior in children.
- Describe guidance strategies for dealing with problem behavior in children.
- Explain the difference in using positive and negative reinforcement to discourage problem behaviors in children.

Guidance involves ways of helping children learn to behave in positive ways. This chapter describes influences of development on the behavior of children. Various behavior philosophies affecting guidance will be discussed. Ways to promote positive behavior and deal with problem behavior in children are suggested. Direction is provided for caregivers regarding guidance of children in a variety of situations.

ACTIVITY 21-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

aggression ________________________________

behavior ________________________________

consistent ________________________________

direct guidance ________________________________

distraction ________________________________

extinction ________________________________

guidance ________________________________

initiative ________________________________

long-term memory ________________________________

model ________________________________

negative reinforcement ________________________________

objective observation ________________________________

perception ________________________________

positive behavior ________________________________

positive reinforcement ________________________________

problem behavior ________________________________

prosocial behaviors ________________________________

redirection ________________________________

reinforcement ________________________________

self-control ________________________________

short-term memory ________________________________

ACTIVITY 21-1 (continued)

time-out ____

verbal guidance ______________________________________

ADDITIONAL TERMS

____

____

____

____

____

____

____

____

739

ACTIVITY 21-2

DIRECTIONS: Review ways in which developmental levels of children influence behavior by completing the following sentences. Supply the missing letters for the most appropriate word to complete each sentence. Write the answers in the spaces provided.

1. As children mature, their thoughts, feelings, and actions __________ .

	H				E

2. As a child's range of behavior widens, he/she is better able to __________ behavior.

					O	

3. Understanding child development helps a caregiver to __________ behavior.

	U			

4. Physical, mental, emotional, and social development affect which guidance __________ a caregiver can use.

	E							E	

5. Knowing the __________ of physical development helps caregivers know which behaviors to expect at different stages.

			U				E

6. Understanding stages of child development helps caregivers to select the right toys and __________ for children.

			I					E	

7. __________ in children can lead to negative behavior.

					R				O	

8. __________ problems and illnesses can cause problem behavior in young children.

	H					A	

9. Children learn to have respect for others through __________ experiences.

	O			A	

ACTIVITY 21-2 (continued)

10. Children learn by __________ the behavior of adults and from good guidance.

		T				N	

11. Moral development is mainly taught through the __________ of other people.

		A					

12. An important part of early development which begins during infancy is a child's __________ .

				-		O					

13. A child's behavior is affected by perception which involves how __________ information is detected and understood.

	E					

14. __________ can be seen in children when they are able to make decisions about their behavior.

				-			N				

ACTIVITY 21-3

DIRECTIONS: Complete the following activity to explain how various child care philosophies are used to guide children's behaviors. Read each statement below. In the blank below each statement, identify the type of philosophy which the statement describes. Use the philosophies listed below.

Child Care Philosophies

Caregiver Philosophies
Child Care Center Philosophies
Community Philosophies
Parent Philosophies

1. The child caregiver should always follow these philosophies first.

    ____

2. These philosophies from the home are important influences on children's behavior and may differ from a teacher's philosophies.

    ____

3. These values about behavior must be considered when a center's board of directors or administrators set policies.

    ____

4. Becoming aware of these philosophies helps caregivers to understand the behavior of children who are enrolled at the child care center.

    ____

5. People caring for children decide what is "right" and "wrong" behavior because of these philosophies.

    ____

6. These philosophies must always be followed consistently by child caregivers.

    ____

7. As more information is learned and experience is gained in the area of child development, these philosophies change.

    ____

ACTIVITY 21-4

DIRECTIONS: Complete the following activity to analyze the nature of positive and problem behavior in children. Read each statement listed below. If the statement describes a "positive behavior," draw a ☺ in the space to the left of the statement. If the statement describes a "problem behavior," draw a ☹ in the space to the left of the statement.

________ 1. Behavior which may be overlooked but should be encouraged.

________ 2. Behavior which may be used to gain sympathy from others.

________ 3. Behavior which may be used to fill a need that has not been previously met.

________ 4. Behavior often used to get attention.

________ 5. Behavior which might occur due to disruptions in family life.

________ 6. Behavior that favors independence.

________ 7. Behavior examples in infants include being active, noisy, sociable, and curious.

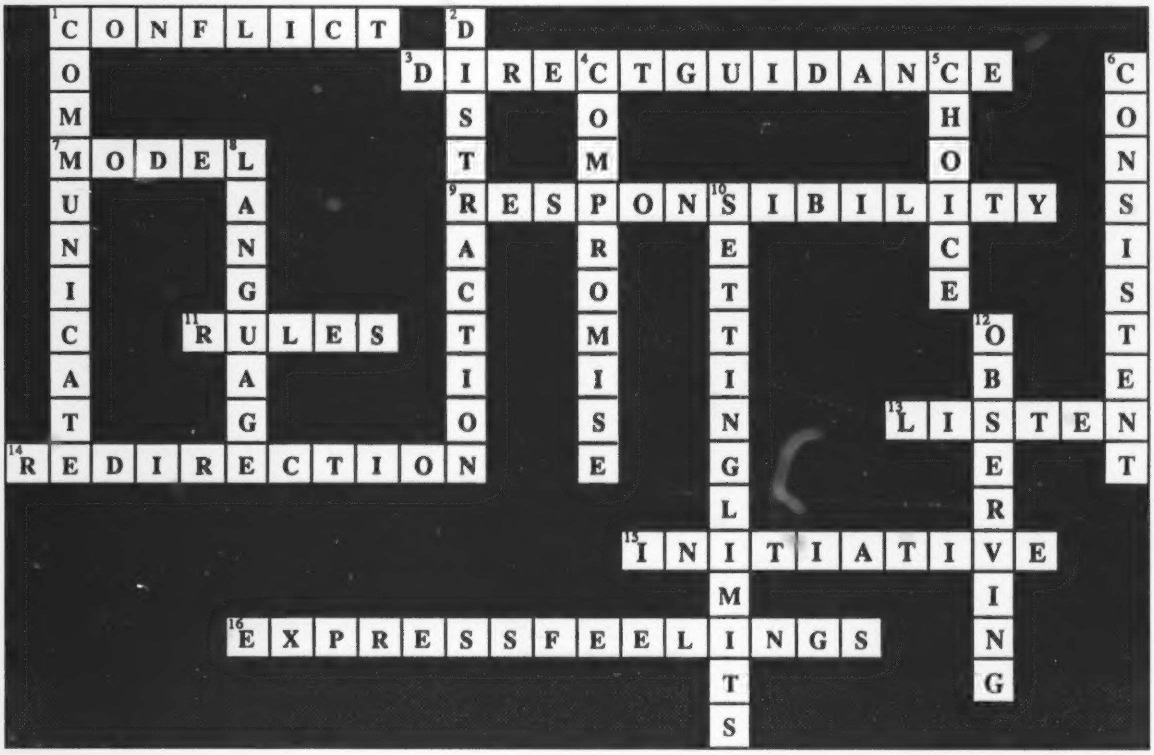
________ 8. Behavior examples in toddlers include being independent and exploring the world around them.

________ 9. Behavior which may result from a child being ill.

________ 10. Behavior which may require objective observation from the caregivers to view what has really happened.

ACTIVITY 21-5

DIRECTIONS: Identify guidance strategies for promoting positive behavior in children by completing the following activity. The crossword puzzle has the answers filled in, but the clues are missing. In the spaces provided, write a clue for each answer.


1 CONFLICT
1 COMMUNICATE
2 DISTRACTION
3 DIRECTGUIDANCE
4 COMPROMISE
5 CHOICE
6 CONSISTENT
7 MODEL
8 LANGUAGE
9 RESPONSIBILITY
10 SETTINGLIMITS
11 RULES
12 OBSERVING
13 LISTEN
14 REDIRECTION
15 INITIATIVE
16 EXPRESSFEELINGS

Across

1. ______________________________

3. ______________________________

7. ______________________________

9. ______________________________

11. ______________________________

13. ______________________________

14. ______________________________

ACTIVITY 21-5 (continued)

15. ______________________________

16. ______________________________

Down

1. ______________________________

2. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

8. ______________________________

10. ______________________________

12. ______________________________

ACTIVITY 21-6

DIRECTIONS: Describe guidance strategies for dealing with problem behavior in children by completing the following activity.

A. Read each of the following observations of children's behavior. In the space provided, identify whether the observation is objective or subjective.

Observation	Type
1. James is a troublemaker. He always bothers the other children.	
2. Amy wanted to play with the doll Lucy was playing with. Amy grabbed the doll from Lucy and ran to another area of the child care center.	
3. Hope screams loudly all of the time. She is never quiet.	
4. During outdoor activities, Mark pushes other children. He is a mean child.	
5. José talks during story time. Each time the caregiver begins reading, José begins to talk and tries to get the story book.	

B. The following chart lists three methods for guiding children. In the appropriate space, describe each method and give an example situation to which the method would apply. Explain how the caregiver would react to each situation.

Method	Description	Situation
Firm Communication		
Extinction		
Time-out		

ACTIVITY 21-7

DIRECTIONS: The following activity contains examples of positive and negative reinforcement used to discourage problem behaviors in children. To explain the difference in these types of reinforcement, place a + by items which are positive and a – by items which are negative.

_____ 1. Johnny wants to play with the blocks. He asks the caregiver, "May I play with the blocks?" The caregiver smiles and responds, "Yes you may, Johnny."

_____ 2. During lunch, Rodney is always very careful and never makes a mess. Today, however, Rodney spills his milk. The caregiver loudly scolds Rodney saying, "Look at this mess. Can't you be more careful?"

_____ 3. Judy is in the art learning center doing a finger painting. Judy finishes her painting and begins painting on other children's papers. Seeing this, the caregiver says, "Judy, go finish your own work and leave the other children alone. Don't leave your table again."

_____ 4. Before nap time, Shelley goes to the bathroom and completes toileting activities by herself. When Shelley goes to her mat, the caregiver pats her on the back and says, "You did a good job in the bathroom today. You went all by yourself! I'm proud of you."

_____ 5. Sean is usually well-behaved, but today he is screaming at the caregivers and the other children. Sean's caregiver removes him from the group and says, "Sean, you better straighten up right this minute or you will not get to play with the other children any more."

22

Chapter Twenty-two
Facility Management

ESSENTIAL ELEMENTS

- Demonstrate techniques to assist children in developing acceptable behavior patterns.(f1C)
- Apply classroom management and program planning techniques. (f4E)
- Apply techniques for learning activities of children.(f4C)
- Apply principles for maintaining a safe and healthy environment. (f3C)
- Assist with management procedures in the child care setting.(f4F)
- Apply housekeeping and maintenance at the child care setting. (f3D)

OBJECTIVES TO ACHIEVE

- Identify regulations, location concerns, and overall design guidelines which influence management of a child care facility.
- Summarize ways to make best use of indoor space and materials in guiding children.
- Describe ways to best arrange, organize, and use outdoor space and materials in child guidance.
- Explain how the scheduling of time use in a child care program affects children's behavior.
- Explain major tasks which should be listed on a maintenance calendar by the child care program director.

Developing and maintaining a child care facility are important tasks for program directors. Children receive indirect guidance as a result of the organization and use of the child care environment. Indoor and outdoor space must be planned and utilized to best meet the goals and objectives of a child care program. The selection, organization, and maintenance of learning materials is also important.

The
Sunshine
Child Care
Center

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ACTIVITY 22-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

boundaries ____________________________

child/staff ratios ____________________________

indirect guidance ____________________________

maintenance calendar ____________________________

modified open-space design ____________________________

open-space design ____________________________

self-contained design ____________________________

traffic flow ____________________________

ADDITIONAL TERMS

ACTIVITY 22-2

DIRECTIONS: Identify regulations, location concerns, and overall design guidelines which influence management of a child care facility by completing the following activity. Select the most appropriate word or phrase from the list to complete each sentence. Place the word or phrase in the blank.

audience
child/staff ratios
image
program
regulations
support

1. In many states, minimum licensing standards require that certain ________________________ be met by child care programs.

2. ________________________ usually require that a child care facility has minimum fire safety and sanitation features.

3. The location of a child care facility communicates a certain ________________________ about the program to the public.

4. When choosing a site for a child care facility, the director or committee should know the ________________________ they will be serving and the type of ________________________ they want.

5. The space in a child care facility includes indoor space, outdoor space, and space for ________________________ areas.

ACTIVITY 22-3

DIRECTIONS: Unscramble the words in the left-hand column to complete the sentences describing best use of indoor space and materials in guiding children. Write the unscrambled words in the boxes.

1. **TAAPRSEE** ☐☐☐☐☐☐☐☐	A self-contained classroom design uses _______ rooms for each group or age level of children.
2. **CIITTNNEAOR** ☐☐☐☐☐☐☐☐☐☐☐	Self-contained classrooms tend to reduce the amount of _______ among groups of children.
3. **NEUIDRBOAS** ☐☐☐☐☐☐☐☐☐☐	_______ help children understand where an activitiy begins and ends.
4. **TEVCAI** ☐☐☐☐☐☐	A large, open space encourages _______ play.
5. **CEETIXD** ☐☐☐☐☐☐☐	Crowding children into a small space tends to make them more _______ than usual.
6. **RREOCSN** ☐☐☐☐☐☐☐	The best areas for quiet or manipulative activities may be _______ with solid boundaries.
7. **OEDTTRA** ☐☐☐☐☐☐☐	Children's interest is held when the use of a variety of materials is _______ .

ACTIVITY 22-4

DIRECTIONS: Describe ways to best arrange, organize, and use outdoor space and materials in child guidance. Read each statement. If the statement is true, place a √ in the "True" column. If the statement is false, place a √ in the "False" column. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Outdoor space usually does not require as much thought and planning as indoor space.
		2. There should be a balance between active and quiet outdoor activities.
		3. It is best to require children to wait to use equipment in order to teach them patience.
		4. When planning space needs for a child care program, needed space can be calculated by projecting enrollments.
		5. Some activities usually done indoors can be completed outside.

ACTIVITY 22-5

DIRECTIONS: Complete the following activity to explain how the scheduling of time use in a child care program affects children's behavior. Decide if each statement explains an appropriate way to schedule time in a child care program. If so, place a √ in the "Yes" column. If the statement is not an appropriate way to schedule time, place a √ in the "No" column.

STATEMENT	YES	NO
1. The best time routines for child care programs are based on children's levels of development.		
2. Teachers' plans for child care programs should be very structured because flexibility confuses children.		
3. Behavior of children is usually not affected by transitions between activities.		
4. It is usually best for one teacher to make all of the time schedule plans for a child care center.		
5. Young children need extra time in the day's schedule for routines like toileting, eating, and resting.		
6. All time planned for children should involve activities which have been selected by a teacher or center director.		
7. Regular daily routines and events make children feel secure and self-confident.		
8. Flexible time plans allow children to be individuals.		

ACTIVITY 22-6

DIRECTIONS: Complete the following activity to explain major tasks which should be listed on a maintenance calendar for a child care facility. In the space below, briefly describe a maintenance calendar, using complete sentences.

1. ______________________________

____

____

____

____

Beside each number below, list tasks which should be included on a maintenance calendar.

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

7. ______________________________

8. ______________________________

9. ______________________________

10. ______________________________

11. ______________________________

12. ______________________________

13. ______________________________

14. ______________________________

23

Chapter Twenty-three
Child Care Program Organization/Administration

ESSENTIAL ELEMENTS

- Apply procedures and policies in a child care setting.(f4A)
- Assist with management procedures in the child care setting.(f4F)
- Describe guidelines for communicating with parents/guardians of children.(f2D)

OBJECTIVES TO ACHIEVE

- Outline traits of an effective child care program leader.
- Explain the roles of planning, organizing, implementing, evaluating, and communicating in program management.
- Describe major responsibilities of a child care program director.
- List types of records maintained for a child care program.
- Determine steps the director can take to maintain confidentiality of information about children and families.
- Outline the steps in starting a new child care program.
- Identify information to research for a needs assessment.
- Review guidelines for formulating child care policies and procedures.
- Describe how child care programs gain accreditation.
- Explain the licensing process by which the government sets and enforces standards for child care.

Good organization and administration aids the success of a child care program. The program director must have certain qualifications and has important responsibilities. Successful child care directors develop an effective leadership style. A basic awareness of the functions of management allows a director to organize staff members to implement a program. This chapter discusses responsibilities of the director and other child care staff members.

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ACTIVITY 23-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

accreditation ____

child care management ____

communication ____

corporation ____

decision-making ____

due process ____

fiscal ____

goals ____

implementation ____

leadership style ____

management ____

market analysis ____

minimum standard ____

motivation ____

needs assessment ____

objectives ____

partnerships ____

planning ____

provisional license ____

resources ____

revoke ____

ACTIVITY 23-1 (continued)

sole proprietorships ______________________________

ADDITIONAL TERMS

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____

ACTIVITY 23-2

DIRECTIONS: In the space provided, write a paragraph outlining characteristics of an effective child care program leader. Use complete sentences.

____

____

____

____

____

____

____

____

____

____

ACTIVITY 23-3

DIRECTIONS: Explain the roles of planning, organizing, implementing, evaluating, and communicating in child care program management. Read each description of management functions. For each, select the name of the function of management which the statement best describes. Place the number of the correct management function in the right-hand corner of the box with the letter which corresponds to the description. If all answers are correct, the total of the numbers in all four rows and columns will be equal. Write this total in the space provided.

FUNCTIONS OF MANAGEMENT

1. Planning and Organizing
2. Implementing
3. Evaluating
4. Communicating

A	B	C	D
E	F	G	H
I	J	K	L
M	N	O	P

Total __________

DESCRIPTIONS OF MANAGEMENT FUNCTIONS

A. This step answers questions about how well objectives have been reached.

B. In this stage, tasks are assigned to people.

C. This step involves putting a plan into action.

D. In this process, information is shared.

E. This step involves decisions about the goals and objectives to be set.

F. This function involves messages which are both verbal and nonverbal.

G. This function can be done formally or informally and at different times.

ACTIVITY 23-3 (continued)

H. During this stage, managers direct the activities of those employees assigned to a particular project or job.

I. This function involves choosing words carefully, speaking clearly, and encouraging feedback.

J. A manager may use this stage to motivate employees to do a job or task.

K. This step should be done periodically during the management process.

L. During this stage, managers should adjust plans based on employees' work.

M. Activities are in motion during this stage.

N. Learning to observe body language aids success in this function of management.

O. During this stage, a sequence of activities is determined.

P. This function should result in improved performance or a change in plans.

ACTIVITY 23-4

DIRECTIONS: Place a √ in the blank to the left of each item that describes a responsibility of a child care program director. Place an X by any item which is not a responsibility of a child care program director.

_______ 1. Provide leadership for setting overall goals for the child care program.

_______ 2. Keep records such as inventories, repair schedules, and purchase information.

_______ 3. Prepare a staff handbook and keep it current.

_______ 4. Control food budget expenditures.

_______ 5. Prepare snacks and meals for the child care center.

_______ 6. Talk with parents regarding their child's progress.

_______ 7. Keep staff informed concerning the health status of each child.

_______ 8. Interpret the school and its objectives to visitors.

_______ 9. Open children's records to any persons who wish to view them for information.

_______ 10. Serve as a teacher's assistant most days.

_______ 11. Plan orientation for new parents.

_______ 12. Be aware of the changing needs of the community to keep a full enrollment in the program.

_______ 13. Manage supplies, reordering as needed.

_______ 14. Assist staff in carrying out program objectives.

_______ 15. Encourage staff involvement in community activities.

_______ 16. Help the board of directors get organized.

_______ 17. Prepare background information to help the board of directors make decisions.

ACTIVITY 23-5

DIRECTIONS: On each of the clipboards below, list examples of information records which should be kept by child care programs. Choose the correct clipboard to record examples.

Background Information

1. ______________________________

____

2. ______________________________

____

3. ______________________________

____

4. ______________________________

____

Health Information

5. ______________________________

____

6. ______________________________

____

7. ______________________________

____

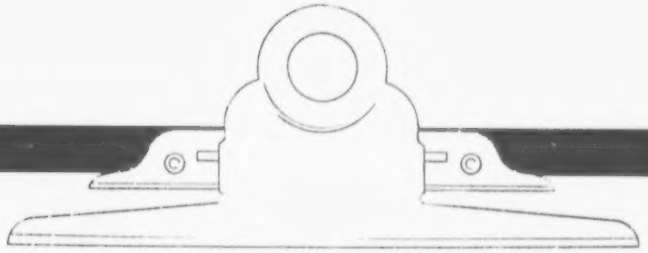
8. ______________________________

____

9. ______________________________

____

ACTIVITY 23-5 (continued)



Enrollment and Attendance Information

10. ____

____

11. ____

____

12. ____

____

13. ____

____

14. ____

____

Developmental Information

15. ____

____

16. ____

____

17. ____

____

ACTIVITY 23-6

DIRECTIONS: To review ways to maintain confidentiality of information about children and families, select the most appropriate word(s) from the list and fill in each blank to complete the sentence.

access
ethics
orientation
permission
policies
private
remind
written

To maintain confidentiality of information, a child care program director can take the following steps:

1. Name staff members who have ____________________ to written records.
2. Develop ____________________ policies and procedures about privacy of information.
3. Assure parents that their children's records are kept ____________________.
4. Hold a training session for caregivers about professional ____________________.
5. Explain the need to keep information about children and families confidential, during each employee's ____________________.
6. Give each employee a copy of ____________________ and review them with the employee.
7. ____________________ caregivers and other employees of the importance of privacy.
8. Do not pass a child's records on to other professionals without written ____________________ of the parent.

ACTIVITY 23-7

DIRECTIONS: Below is a list of steps involved in starting a new child care program. The steps are not listed in the correct order. To rearrange them, place a number in the blank to the left of the step which should be listed first. Then, number the other steps according to the order in which they should be listed.

_______ 1. Choose the location.

_______ 2. Advertise.

_______ 3. Determine the legal structure of the operation.

_______ 4. Conduct a needs assessment.

_______ 5. Develop the statement of philosophy plus goals and objectives for the program.

_______ 6. Enroll children and begin the program.

_______ 7. Develop a budget for the first year. Set fees.

_______ 8. Hire caregivers and other employees.

_______ 9. Evaluate insurance needs and obtain insurance.

_______ 10. Formulate operating policies and procedures.

_______ 11. Develop the curriculum.

_______ 12. Contact the state licensing agency and other regulatory agencies. Follow their procedures.

ACTIVITY 23-8

DIRECTIONS: Complete each part of the following activity to identify information which should be researched for a needs assessment.

A. Briefly explain why a needs assessment (market analysis) should be done before starting a child care program.

B. When individuals or groups do a needs assessment before starting a child care program, what types of information should they find out?

C. List two examples of approaches which can be taken to gather information through a needs assessment.

ACTIVITY 23-9

DIRECTIONS: Review guidelines for formulating child care policies and procedures by completing the following activity. Read each multiple choice item. Choose the answer which best completes the statement or answers the question. Place an X in the space to the left of the appropriate answer.

1. Who writes policies and procedures for operation of a child care center?

______ A. Teachers write their own policies.
______ B. The director writes policies and procedures.
______ C. Teacher assistants write policies and procedures.
______ D. No policies or procedures are usually needed unless problems exist.

2. Well-written policies and procedures

______ A. Should be reviewed regularly to see if they still apply.
______ B. Help to protect the child care center from liability.
______ C. Help employees to carry out their daily jobs.
______ D. All of the above.

3. Policies for a child care program

______ A. Should be based mostly on the ages of children enrolled.
______ B. Should be written in terms of what should not be done at the child care center.
______ C. Should reflect the goals and purposes of the child care center.
______ D. Should be distributed to the board of directors only.

4. When policies and procedures for a child care program are written,

______ A. Input of employees should be used, if possible.
______ B. The board of directors should make all decisions.
______ C. The director should make decisions and notify employees.
______ D. All of the above.

5. It is most important to review policies and procedures regularly

______ A. When teachers vote that they should be reviewed.
______ B. During the beginning phases of a program.
______ C. When the board of directors say they should be reviewed.
______ D. Just before a child care center closes.

ACTIVITY 23-10

DIRECTIONS: Complete the following activity to describe how child care programs gain accreditation. For each statement with which you agree, place a √ in the column marked "Agree." For each statement with which you disagree, place a √ in the column labeled "Disagree." Then write a one-sentence statement defending your answer in the space below each statement.

TEACHING STRATEGIES	AGREE	DISAGREE
1. If a child care program is accredited, it does not have to go through the licensing process.		
2. All child care programs are required to become accredited.		
3. Voluntary accreditation of child care programs is done through the National Association for the Education of Young Children (NAEYC).		
4. Accreditation standards are not as high as the "minimum standards" used by licensing agencies.		
5. Written reports are the only methods used to validate that a child care program should be accredited.		

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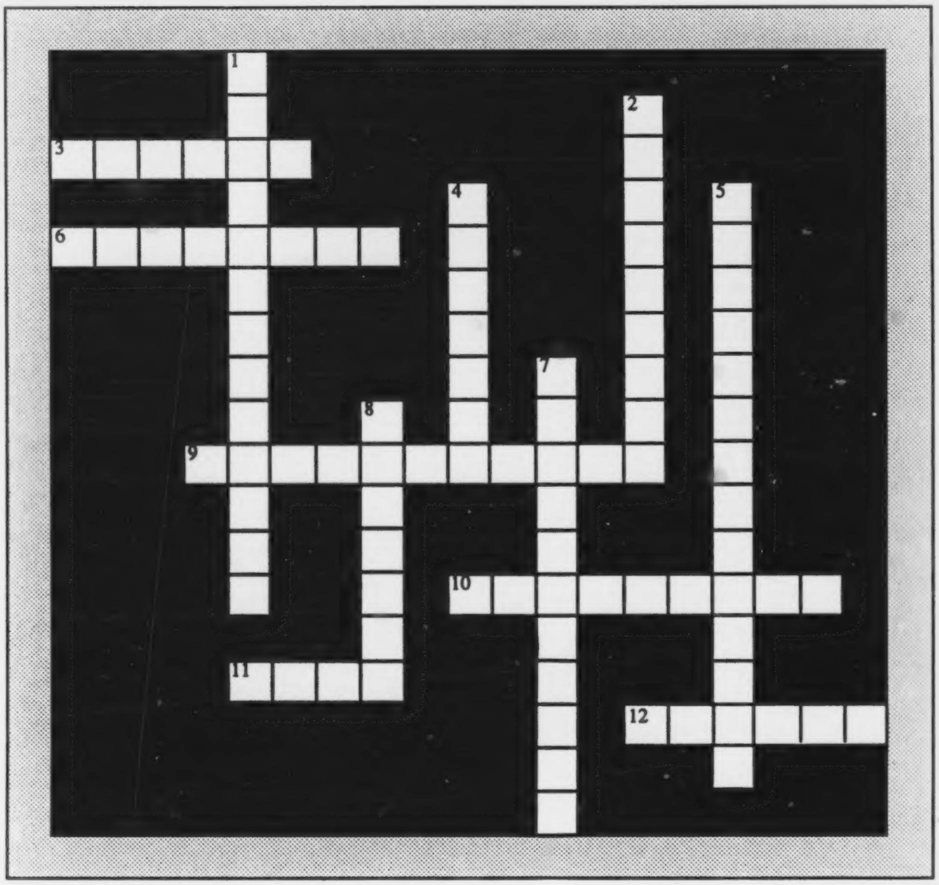
ACTIVITY 23-11

DIRECTIONS: To test your understanding of the licensing process by which government sets and enforces standards in child care, work the following crossword puzzle. Use the clues provided below.



Across

3. To revoke a license means to __________ it.

6. Most states base the staff/child ratio standards on the number of children __________ in a program.

9. In order to get a child care license, __________ must be made of a child care center site.

10. It is best if a child care facility is __________ on a regular basis.

11. For states including group sizes as a minimum standard, maximum group size allowed is different for children of different __________.

12. The __________ of a child's daily stay in child care determines the proportion of nutrition to be provided by the center.

Down

1. __________ child care standards are harder to enforce than health and safety standards.
2. Most states set minimum __________ for operating a child care center.
4. Generally, child care licensing standards are set to __________ children's physical health and safety and to aid their development.
5. Age, education, and experience are examples of staff __________ which some states specify in their minimum standards.
7. In most states, a child care center may begin a program by using a __________ license until all licensing requirements are met.
8. Some states have very specific requirements about __________ which a child care program must keep.

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Chapter Twenty-four Curriculum Management

ESSENTIAL ELEMENTS

- Apply principles for maintaining a safe and healthy environment. (f3C)
- Assist with management procedures in the child care setting.(f4F)
- Apply classroom management and program planning techniques. (f4E)

OBJECTIVES TO ACHIEVE

- Identify factors to consider in child care curriculum planning.
- Distinguish between instructional and discovery program models.
- Explain differences in goals and objectives for a child care curriculum and the use of each.
- List and explain various evaluation techniques.
- Review factors which affect scheduling in a child care program.
- Explain guidelines to remember in planning play periods for children.
- Examine factors a director must consider regarding the health and safety program in a child care center.
- Describe the child care director's role in the management of materials and equipment.

All activities that promote the physical, emotional, social, and mental/intellectual development of children are included in child care curriculum. Curriculum is based on program goals and objectives. In developing curriculum, the program director must consider various program characteristics to meet the needs of the specific situation involved. This chapter covers information on how the director develops curriculum, different program models which may be used, how to evaluate a program, and various tasks involved in the curriculum process.

ACTIVITY 24-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build your vocabulary by listing and defining additional terms that are new.

anecdotal record ______

behavioral objectives ______

curriculum ______

curriculum goals ______

daily schedule ______

developmental check list ______

discovery model ______

event sampling ______

instructional model ______

instructional strategies ______

program model ______

running record ______

time sampling ______

ADDITIONAL TERMS

ACTIVITY 24-2

DIRECTIONS: Complete the following activities to identify factors to consider in child care curriculum planning. In the spaces below, list example funding sources for different types of child care programs.

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________
9. ____________________

In the spaces below, list examples of different services which may be offered by child care programs.

10. ____________________
11. ____________________
12. ____________________
13. ____________________
14. ____________________
15. ____________________
16. ____________________
17. ____________________
18. ____________________
19. ____________________
20. ____________________
21. ____________________
22. ____________________
23. ____________________

ACTIVITY 24-3

DIRECTIONS: Listed in the left-hand column are advantages of different program models. In the blank to the left of each item, write the letter of the program model which the advantage describes.

ADVANTAGES

_____ 1. Children know their limits and learn to be dependable.

_____ 2. Teachers can guide children directly toward pre-planned goals.

_____ 3. Children learn to direct themselves and their actions.

_____ 4. Teachers have control over activities.

_____ 5. Children learn to cooperate.

_____ 6. Teachers and caregivers can see each child's strengths and areas of need.

PROGRAM MODELS

A. Instructional model

B. Discovery model

Listed in the left-hand column are disadvantages of different program models. In the blank to the left of each item, write the letter of the program model which the disadvantage describes.

DISADVANTAGES

_____ 7. The environment must be carefully planned to insure appropriate choices by children.

_____ 8. Some children may be confused by freedom of choice.

_____ 9. Children have less opportunity to develop independence.

_____ 10. Children have less opportunity to practice decision making.

_____ 11. Teachers have fewer chances to see children initiate their own activities.

_____ 12. Children may miss valuable experiences because of interest in a few activities.

PROGRAM MODELS

A. Instructional model

B. Discovery model

ACTIVITY 24-4

DIRECTIONS: Complete the following activity to explain differences in goals and objectives for a child care curriculum and the use of each. Read each of the statements below. In each blank, identify whether the statement is an example of a goal or an objective by writing the appropriate word. An example is provided.

___objective___ 1. The child will arrange five bottles in order from smallest to largest.

______________ 2. The child will match pairs of cards with identical shapes when given a set of cards.

______________ 3. The child will develop habits and attitudes that promote and maintain personal physical health and well-being.

______________ 4. The child will develop an increase in understanding of problem solving, thinking, reasoning, and creating.

______________ 5. The child will gain an increased understanding of the world by becoming aware of living creatures and how they grow.

______________ 6. The child will identify which container holds the greater amount of liquid when presented with two different-sized containers filled with liquid.

______________ 7. The child will begin to understand and accept differences in people based on ethnic or cultural background.

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ACTIVITY 24-5

DIRECTIONS: Complete the following activity to review various evaluation techniques used in child care programs. Beside each evaluation technique listed below, describe the technique and how it is used in child care.

1. Developmental Check List
2. Anecdotal Record
3. Running Record
4. Time Sampling
5. Event Sampling

ACTIVITY 24-6

DIRECTIONS: To review factors which affect scheduling in a child care program, complete the following activity. For each of the sentences below, select the word(s) which best complete(s) the statement from the word list. Place the appropriate answer in the blank provided.

seasons
policies
needs
number
play
length
quickly
abilities
space
weather

1. The age, developmental level, and background experiences of children affect their ____________________ to do certain activities.
2. The ____________________ of the school day at a child care facility affects how activities are scheduled.
3. Half-day and full-day child care centers usually have different scheduling ____________________ .
4. The ____________________ of children enrolled at a child care center must be considered when scheduling activities.
5. Extra activities should be scheduled when bad ____________________ is expected.
6. A longer period of outdoor activity time may be scheduled during some ____________________ of the year.
7. Activities that children can begin and end ____________________ should be scheduled at arrival and departure times.
8. It is important to consider arrangement and use of ____________________ when scheduling activities.
9. It is most important to stay on schedule when a large ____________________ of children share space and equipment.
10. Periods of ____________________ should be scheduled for children because of its value to their development.

ACTIVITY 24-7

DIRECTIONS: Review guidelines to remember in planning play periods for children by completing the following activity. Beside each of the "key phrases" below, write one mistake which caregivers should avoid in planning play opportunities for children. One example is provided.

KEY PHRASES	MISTAKES TO AVOID
1. Self-consciousness	Avoid getting too involved in children's play.
2. Appropriateness of toys	______________________________
3. Number of toys	______________________________
4. Specific toys for girls and boys	______________________________
5. Importance of winning	______________________________

ACTIVITY 24-8

DIRECTIONS: Write a paragraph explaining the most important factors a director must consider regarding the health and safety program in a child care center.

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ACTIVITY 24-9

DIRECTIONS: Complete the following activity to describe the child care director's role in the management of materials and equipment. In the blank to the left of each statement, write the word "True" if the statement is true, or "False" if the statement is false. In the space provided, reword each false statement to make it a true statement.

______ 1. The director oversees the purchase, storage, distribution, maintenance, and replacement of materials and equipment.

____

____

______ 2. Most child care centers can afford all of the materials and equipment they need.

____

____

______ 3. Each classroom in a child care center should keep a priority list of materials needed.

____

____

______ 4. The child care center director must check each day on which paper and other supplies need to be restocked.

____

____

______ 5. All supplies and materials must be purchased.

____

____

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Chapter Twenty-five
Food Service Management

ESSENTIAL ELEMENTS

- Assist with management procedures in the child care setting.(f4F)
- Evaluate nutritional value of snacks and/or meals.(f2E)
- Apply principles for maintaining a safe and healthy environment.(f3C)

OBJECTIVES TO ACHIEVE

- Describe the director's overall role in child care food service.
- List the essential nutrients and food sources for each.
- Review the basic functions of each nutrient in the body.
- Review the five food groups in the Daily Food Guide and how RDAs are used in child care food service.
- Discuss the relationship of nutrition to children's growth and development.
- Explain menu planning procedures appropriate for child care.
- Determine guidelines for child care food purchasing and storage.
- Identify equipment needed for food service in a child care program.
- Describe appropriate food service sanitation procedures.
- Explain appropriate child care mealtime practices.

Food service is an important function in directing a child care program. In planning menus for use in a child care program, the director must consider several important factors. Nutrition, state licensing standards, wise purchasing practices, appropriate storage of foods, correct use of equipment, careful sanitation practices, and well-organized storage of food all contribute to a good overall food service program.

ACTIVITY 25-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

anemia ______________________________

ascorbic acid ______________________________

B vitamins ______________________________

cafeteria service ______________________________

calories ______________________________

carbohydrates ______________________________

cycle menus ______________________________

Daily Food Guide ______________________________

empty calories ______________________________

family service ______________________________

fats ______________________________

menus ______________________________

minerals ______________________________

nutrients ______________________________

nutrition ______________________________

obesity ______________________________

plate service ______________________________

protein ______________________________

Recommended Daily Allowances (RDAs) ______________________________

Vitamin A ______________________________

Vitamin C ______________________________

ACTIVITY 25-1 (continued)

Vitamin D ____

vitamin deficiency ____

vitamins ____

water ____

ADDITIONAL TERMS

____

____

____

____

____

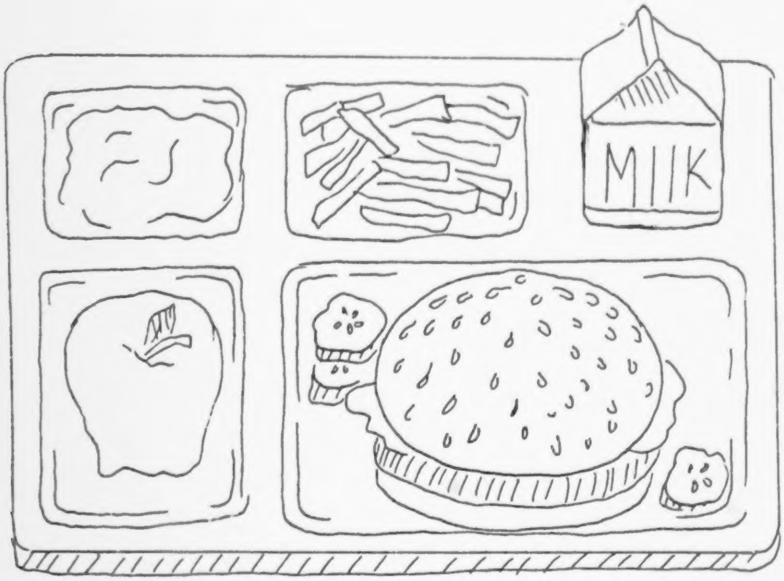
____

____

____

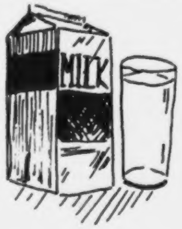
ACTIVITY 25-2

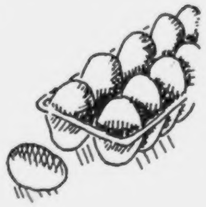
DIRECTIONS: Write a paragraph describing the director's overall role in child care food service.

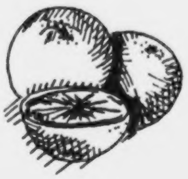


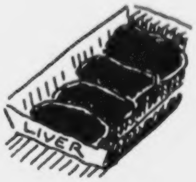
ACTIVITY 25-3

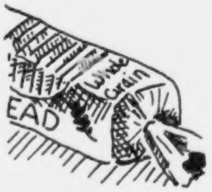
DIRECTIONS: Complete the following activity to list the essential nutrients and food sources for each. In the space below each picture, write the name of the main nutrient found in the food pictured.

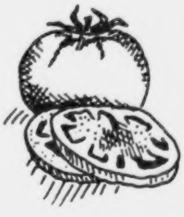
1.


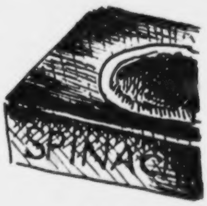
2.


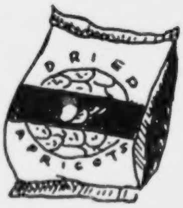
3.


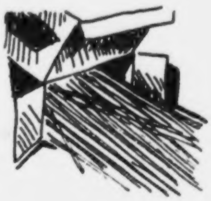
4.


5.

Whole Grain
EAD

6.


7.


8.

DRIED
APRICOTS

9.


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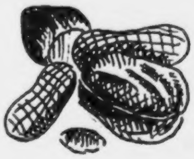
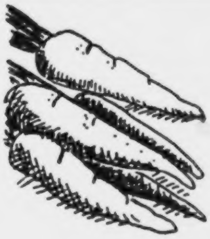
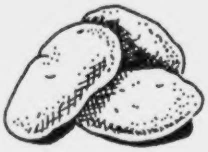
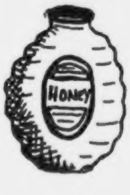
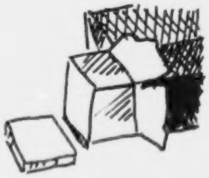
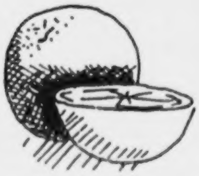


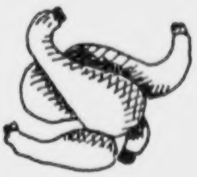
11.


12.


13.


14.


15.


16.


ACTIVITY 25-4

DIRECTIONS: For each nutrient listed in the left column of the chart below, briefly describe its major functions in the right column.

NUTRIENTS	MAJOR FUNCTIONS
1. Protein	
2. Carbohydrates	
3. Fats	
4. Vitamin A	
5. Vitamin D	
6. B vitamins	
7. Vitamin C	
8. Calcium	
9. Iron	

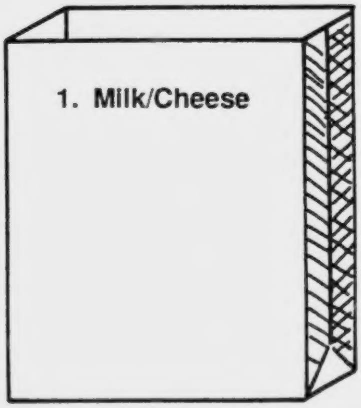
ACTIVITY 25-5

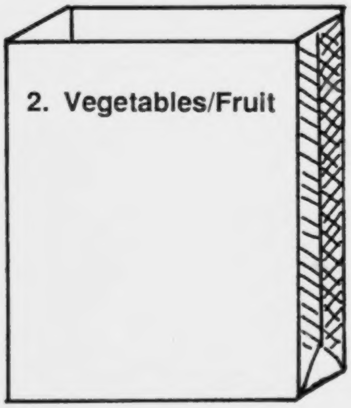
DIRECTIONS: Place each food name listed in the word list below on the grocery bag labeled with the food group name to which the food belongs.

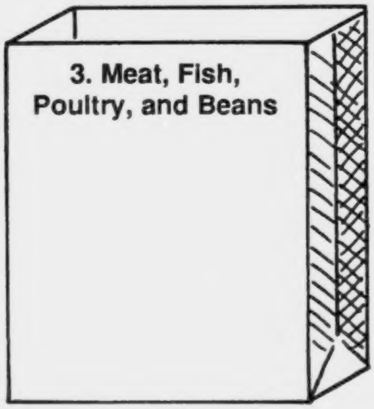
macaroni noodles
butter
hamburger patty
chocolate chip cookies
tuna
potato

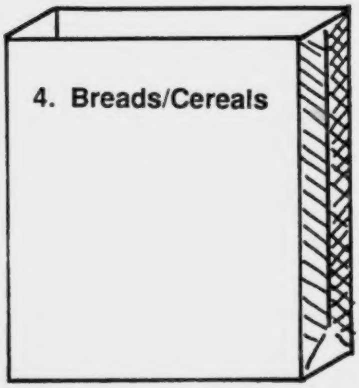
tomato
cauliflower
peanuts
ice cream
rice
chicken

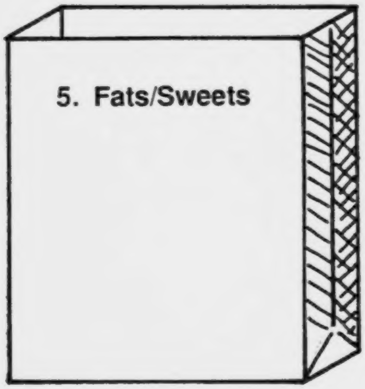
green beans
cheese
carrots
spaghetti noodles
cake
oatmeal


1. Milk/Cheese


2. Vegetables/Fruit


3. Meat, Fish, Poultry, and Beans


4. Breads/Cereals


5. Fats/Sweets

ACTIVITY 25-6

DIRECTIONS: To review the relationship of nutrition to children's growth and development, complete the following activity. For each statement with which you agree, place an X in the blank labeled "Agree." For each statement with which you disagree, put an X in the blank labeled "Disagree." In the space provided, write a one-sentence statement defending your answer.

1. Good nutrition helps children develop to their greatest potential in all areas.

_____ Agree _____ Disagree

____

____

2. A child's growth rate is slowest during the first year of life.

_____ Agree _____ Disagree

____

____

3. When a child's growth rate slows down and he or she has a smaller appetite, fewer foods are needed in the diet.

_____ Agree _____ Disagree

____

____

4. Tooth decay and obesity may occur when a child's diet contains too many empty calories.

_____ Agree _____ Disagree

____

____

5. "Empty calories" is a term to describe food that contains few calories.

_____ Agree _____ Disagree

____

____

ACTIVITY 25-7

DIRECTIONS: Read the following statements about how to plan menus for a child care program. Place a √ in the "True" column if the statement is true. Place a √ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Cycle menus should never be repeated in a child care program.
		2. When planning menus, foods should be chosen from various cultures.
		3. It is best if only the center director plans menus for a child care program.
		4. A menu planning committee must meet weekly.
		5. Children should be allowed to have snacks any time they get hungry.
		6. Most centers require the written approval of a physician or dietitian for special diets to be served.

ACTIVITY 25-8

DIRECTIONS: In the spaces below, list guidelines for purchasing food for a child care program.

1. ____

2. ____

3. ____

4. ____

5. ____

6. ____

7. ____

8. ____

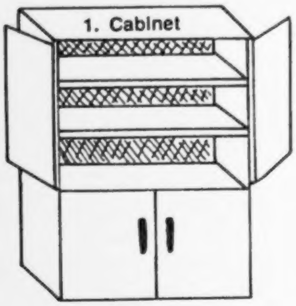
9. ____

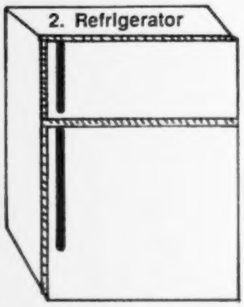
10. ____

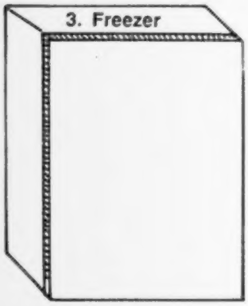
ACTIVITY 25-8 (continued)

Place each food name listed below in the appropriate location to indicate how each food should be properly stored.

- Fresh tomatoes
- Dry cereal
- Orange juice concentrate
- Canned corn
- Macaroni noodles
- Cheese
- Milk
- Frozen fish sticks
- Frozen fruit treats
- Canned tuna fish
- Crackers
- Cookies
- Chicken
- Lettuce
- Ice cream
- Fresh carrots







ACTIVITY 25-9

DIRECTIONS: Complete the following activity to identify equipment needed for food service in a child care program. Place a √ next to the basic equipment needed.

_____ Hand sink

_____ Toaster

_____ Shelving for dry storage

_____ Utensils

_____ Wheeled storage bins

_____ Cutlery

_____ Refrigerator

_____ Range with oven

_____ Blender

_____ Microwave oven

_____ Mixing bowls

_____ Freezer

_____ Electric skillet

_____ Pots and pans

_____ Commercial dishwasher

_____ Toaster oven

_____ Measuring equipment

_____ Work tables or counters

_____ Food processor

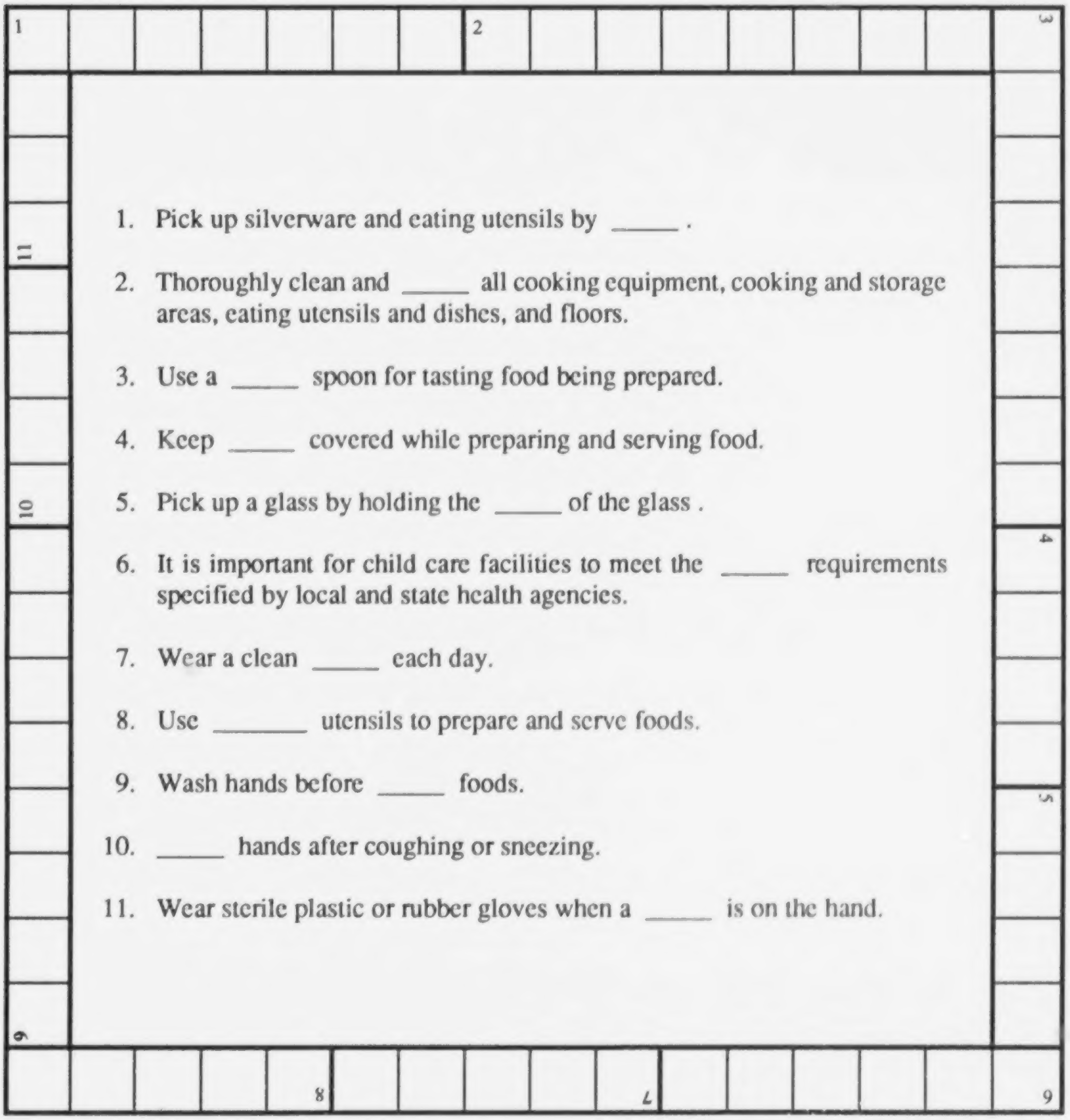
_____ Three-compartment diswashing sink

_____ Deep fryer

_____ Ventilating system over cooking equipment

ACTIVITY 25-10

DIRECTIONS: Describe appropriate food service sanitation procedures by completing the following puzzle. Select the word which best completes each sentence. Place the word by the corresponding number in the puzzle.



1. Pick up silverware and eating utensils by _____ .
2. Thoroughly clean and _____ all cooking equipment, cooking and storage areas, eating utensils and dishes, and floors.
3. Use a _____ spoon for tasting food being prepared.
4. Keep _____ covered while preparing and serving food.
5. Pick up a glass by holding the _____ of the glass .
6. It is important for child care facilities to meet the _____ requirements specified by local and state health agencies.
7. Wear a clean _____ each day.
8. Use _______ utensils to prepare and serve foods.
9. Wash hands before _____ foods.
10. _____ hands after coughing or sneezing.
11. Wear sterile plastic or rubber gloves when a _____ is on the hand.

ACTIVITY 25-11

DIRECTIONS: Complete the following multiple-choice activity to explain appropriate child care mealtime practices. In the blank to the left of each item, place the letter of the response which best answers the question or completes the statement.

_______ 1. All child care programs
- A. serve food from a special dining area.
- B. have the opportunity to choose where food service will occur.
- C. serve food from children's classrooms.
- D. none of the above.

_______ 2. Eating utensils for child care food service
- A. should be plastic.
- B. should be disposable.
- C. should be child-sized.
- D. should be adult-sized.

_______ 3. If a child refuses to eat, a caregiver should
- A. eat the child's food.
- B. force him or her to eat.
- C. give the food to someone else.
- D. handle the situation calmly.

_______ 4. The style of food service chosen for a child care program
- A. depends partially on the number of caregivers.
- B. should be cafeteria or family service.
- C. should be plate service.
- D. is not related to the goals of the program.

_______ 5. When dishes of food are passed around the table and children serve themselves, the style of service used is
- A. plate service.
- B. family service.
- C. cafeteria service.
- D. all of the above.

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Chapter Twenty-six
Financial Management

ESSENTIAL ELEMENTS

- Assist with management procedures in the child care setting.(f4F)
- Demonstrate effective money management.(a7D)

OBJECTIVES TO ACHIEVE

- List various means of securing funding for child care programs.
- Explain ways child care programs can maintain accurate financial records.
- Describe the procedures involved in preparing a staff payroll.
- Outline a system for keeping inventory of equipment and supplies.
- Explain how to plan and evaluate an annual budget.
- Relate child care insurance needs to financial management.
- Outline strategies for controlling costs.

The director of a child care program has various financial responsibilities. Becoming a skilled financial manager requires training and experience. Financial tasks in which directors may be involved include securing funding, keeping records, preparing a payroll, maintaining an inventory, controlling costs, and securing insurance. This chapter provides an overview of financial management as an important aspect of any child care program.

ACTIVITY 26-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

accounts

agent

auto insurance

break-even analysis

budget

contributions

deductions

fire legal liability

general journal

general ledger

general liability insurance

gross wages

in-kind contribution

inventory records

justifications

line items

monthly financial statement

net wages

operating budget

parent fee ledger

payroll ledger

ACTIVITY 26-1 (continued)

personal injury liability insurance ______________________________

proposal ______________________________

start-up budget ______________________________

state unemployment insurance ______________________________

transaction ______________________________

tuition fees ______________________________

voucher system ______________________________

ADDITIONAL TERMS

____

____

____

____

____

____

____

____

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ACTIVITY 26-2

DIRECTIONS: Unscramble the words in the left-hand column to complete the sentences about various means of securing funding for child care programs. Write the unscrambled words in the boxes provided.

1. **TNTUIOI** ☐☐☐☐☐☐☐ **ESEF** ☐☐☐☐	_______ are the cost of enrolling children in a child care program and are paid by parents.
2. **KAREB-NEEV** ☐☐☐☐☐-☐☐☐☐ **LSSAYIAN** ☐☐☐☐☐☐☐☐	A _______ gives the director of a child care center an idea of the right fee to charge.
3. **EEGMNNORTV** ☐☐☐☐☐☐☐☐☐☐	Many nonprofit child care programs are funded by _______ agencies and charitable organizations.
4. **DFGINNU** ☐☐☐☐☐☐☐ **CEAEGINS** ☐☐☐☐☐☐☐☐	Child care program directors seeking funding should identify specific _______ and request information about funds and how they are awarded.
5. **DUFSN** ☐☐☐☐☐	Businesses and industries may provide _______ for child care programs.

ACTIVITY 26-2 (continued)

6. SOAPOLRP ☐☐☐☐☐☐☐☐	The funding procedure may require a _______ .
7. GDBEUT ☐☐☐☐☐☐	One part of a proposal is a _______ .
8. YNLRIORTECC ☐☐☐☐☐☐☐☐☐☐☐	Funding may not be awarded if the application is filled out _______ .
9. LMPU ☐☐☐☐ USM ☐☐☐	In some cases, funding is awarded in a _______ .
10. XTCAE ☐☐☐☐☐	When applying for and receiving funding, _______ recordkeeping is important.

ACTIVITY 26-3

DIRECTIONS: Explain ways child care programs can maintain accurate financial records by responding to the items on the staircase below. Begin with the bottom step. Write your answers to the questions in the blanks provided below the staircase.

5. Explain the meaning of the term "in-kind contribution."

4. Describe the payroll ledger.

3. What types of accounts are included in the general ledger?

2. What is a general journal?

1. Explain the voucher system of keeping financial records.

1. ____

____

2. ____

____

3. ____

____

4. ____

____

5. ____

____

ACTIVITY 26-4

DIRECTIONS: Complete the following activity to describe the procedures involved in preparing a staff payroll. The following sentences contain blanks. Fill in the blank in each sentence with the appropriate word(s).

1. The first step in preparing a payroll is figuring each employee's ______________________ .
2. ______________________ are the required amounts taken from an employee's gross wages.
3. FICA, State Income Tax Withholding, and ______________________ are three common deductions.
4. Contributions from employee's gross wages are ______________________ deductions.
5. An example of a contribution is a group ______________________ program.
6. The amount of salary remaining after deductions and contributions are subtracted is ______________________ or "take home pay."
7. Financial transactions concerning payroll are recorded in a ______________________ .
8. A child care center director can obtain information on FICA and taxes from the local ______________________ office or ______________________ .

GROSS SALARY	F.I.T.	F.I.C.A.	UNEMPLOYMENT INSURANCE	GROUP HEALTH INSURANCE	NET PAY
60.30	4.10	4.04	.49	1.50	50.17

Fun Times Child Care Center
501 Main Street
Anytown, TX 00012

$\frac{56\text{-}105}{42}$

No. 1101

DATE May 2 19___

PAY TO THE ORDER OF Steve Rodriguez $ 50.17

Fifty and 17/100 ——————————————————— DOLLARS

COMMUNITY NATIONAL BANK
ANYTOWN, TX 00012

FOR work

ACTIVITY 26-5

DIRECTIONS: Read the following statements concerning a system for keeping inventory of equipment and supplies. In the space to the left of each item, write the word "true" if the statement is true. Write the word "false" if the statement is false. In the space provided, reword each false statement to make it a true statement.

_______ 1. Inventory records are used to keep track of supplies and equipment.

____

____

_______ 2. Only one method can be used to keep inventory records.

____

____

_______ 3. It is not necessary to inventory consumable supplies such as food.

____

____

_______ 4. Inventory records on major equipment can show maintenance schedules, serial numbers, and purchase costs.

____

____

_______ 5. Inventory records should be accurate and up-to-date.

____

____

_______ 6. Inventory records of supplies in a classroom only show what supplies are missing.

____

____

______________ 7. Inventory records help the director control costs.

____

____

______________ 8. Inventory records of classroom supplies do not help when it is time to reorder materials.

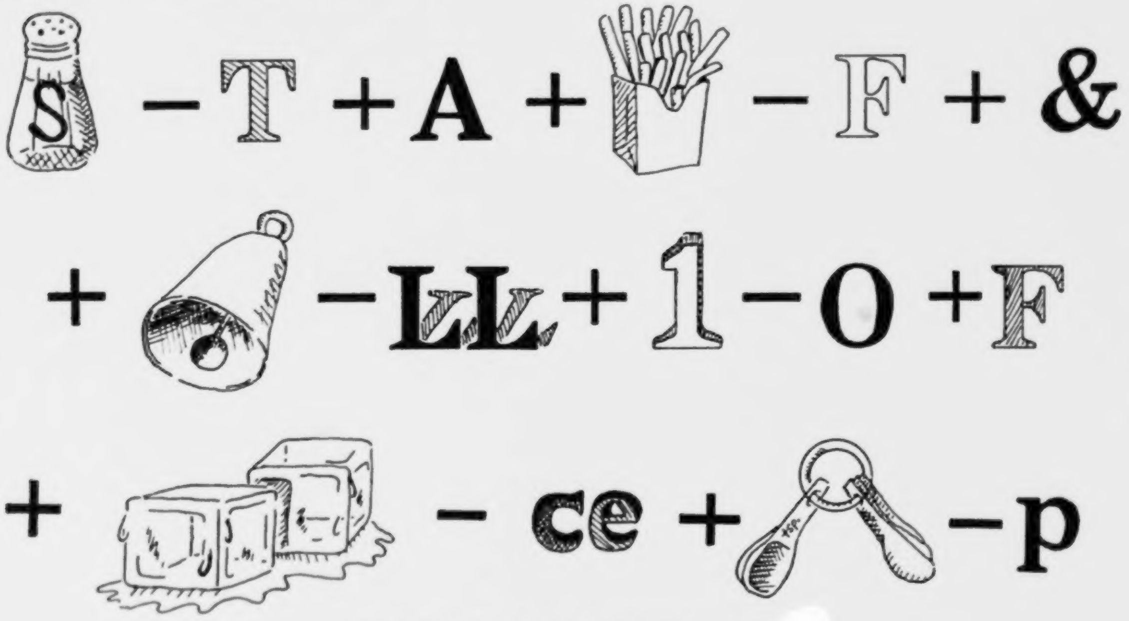
____

____

ACTIVITY 26-6

DIRECTIONS: The following activity concerns the annual budget of a child care center. Complete the rebus puzzle by writing down each of the words illustrated. Then add or subtract letters as indicated.

HINT: A line item in an operating budget



☐☐☐☐☐☐☐☐
☐☐☐ ☐☐☐☐☐☐☐☐

In the spaces below, list other line item expenses included in an operating budget.

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____

ACTIVITY 26-7

DIRECTIONS: Types of child care insurance are listed below. In the space provided, describe each type of insurance.

1. Worker's Compensation Insurance

____

____

2. State Unemployment Insurance

____

____

3. General Liability Insurance

____

____

4. Personal Injury Liability Insurance

____

____

5. Fire Legal Liability Insurance

____

____

6. Auto Insurance

____

____

ACTIVITY 26-8

DIRECTIONS: Read each statement below. If the statement describes a good strategy for controlling costs, place a √ in the "Yes" column. If a statement does not describe a good strategy for controlling costs, place a √ in the "No" column.

STATEMENT	YES	NO
1. The most important thing a director can do to control costs is to watch credit purchasing.		
2. The monthly financial statement shows actual income and expenses for the year to date.		
3. The cash flow calendar shows income and expenses month by month for each budget item.		
4. Important cost controlling methods do not include use of energy and supplies.		
5. It is not necessary to compare the amount on the monthly financial statement with the amount that was budgeted.		
6. Directors should purchase equipment only after price comparisons have been made.		
7. Small budget categories are the best place to look when cost cuts must be made.		
8. The staff should be conservative when using supplies and energy.		
9. Budgeting, watching cash flow, and conservation are three important aspects of financial control.		

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Chapter Twenty-seven
Parent, Community, and Professional Relationships

ESSENTIAL ELEMENTS

- Describe guidelines for communicating with parents/guardians of children.(f2D)
- Assist with management procedures in the child care setting.(f4F)

OBJECTIVES TO ACHIEVE

- Explain the importance of open communication between parents and caregivers.
- Analyze ways to promote positive relationships and open communication between parents and caregivers.
- List guidelines for use by caregivers in handling problems involving parents.
- Determine ways that parents can be involved in a child care program.
- Analyze ways in which the community influences and provides resources for a child care program.
- Discuss guidelines for recruiting and using community volunteers.
- Review considerations for developing public relations strategies for a child care program.
- Explain the importance of involvement in professional child care causes and organizations.

Parents and the community are two major influences affecting child care programs. Encouraging open communication and establishing positive relationships with parents and the community is very important. This chapter focuses on ways to work with parents and community groups to improve the quality of a child care program.

ACTIVITY 27-1

DIRECTIONS: Use a dictionary, your textbook, or other references to build your vocabulary by defining the words listed below. Briefly define each word as it is used in the reference book. As you read the chapter, continue to build vocabulary by listing and defining additional terms that are new.

home visits ____

individual parent conferences ______________________________

networking ____

orientation session ____

parent meetings ____

public relations ____

ADDITIONAL TERMS

____

____

____

____

____

____

ACTIVITY 27-2

DIRECTIONS: In the spaces provided, use complete sentences to summarize the four primary reasons for parents and teachers to communicate.

1. ____

____

____

____

2. ____

____

____

____

3. ____

____

____

____

4. ____

____

____

____

ACTIVITY 27-3

DIRECTIONS: Read each statement listed below. Place a + in the blank to the left of the statement if it describes an appropriate way to promote positive relationships and open communication between parents and caregivers. Place a – in the blank if the item would not improve communication and positive relationships.

_______ 1. Caregivers should avoid speaking informally with parents as they arrive with their children.

_______ 2. Brochures, bulletins, and newsletters can aid communication between parents and caregivers.

_______ 3. Individual parent conferences may be held to help parents learn about their child's developmental progress.

_______ 4. Conducting visits to the homes of children enrolled in a child care program helps families feel comfortable.

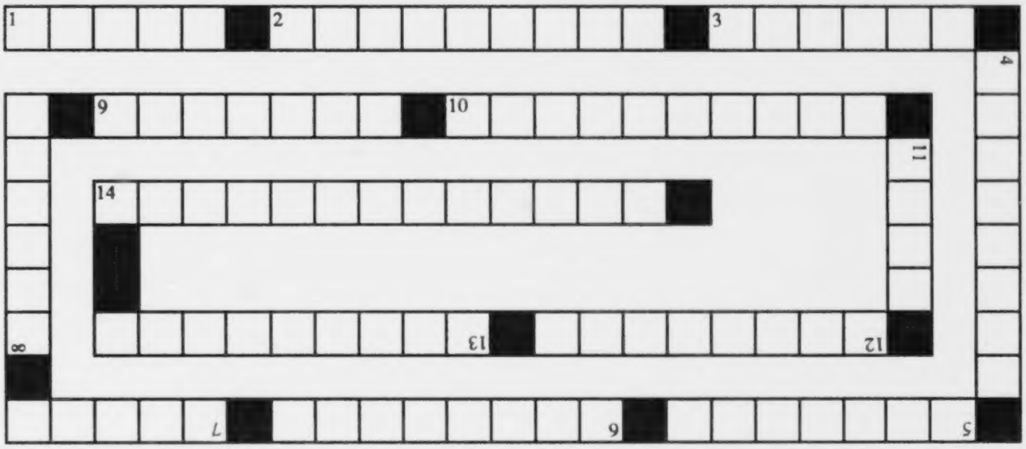
_______ 5. Teacher assistants should direct parents' questions about policies and procedures to the director or a teacher.

_______ 6. Teacher assistants should answer parents' questions about their child's developmental progress.

_______ 7. A parent handbook helps parents become more oriented to a child care program.

ACTIVITY 27-4

DIRECTIONS: Complete the puzzle maze below to list guidelines for use by caregivers in handling problems involving parents. Read each numbered statement. Place the word which best completes each statement in the puzzle by the corresponding number.



1. The first step in dealing with parent/caregiver differences is to _______ they happen.
2. If parents have a complaint, they should usually talk to the _______ first.
3. Many child care programs have a written _______ for parents to use in sharing complaints.
4. When sharing a problem with a parent, the caregiver should explain that the child's _______ is very important.
5. Caregivers should avoid _______ parents for problems; they should approach parents in a polite, helpful manner.
6. If a parent cannot resolve a problem with a caregiver involved, the parent should contact the _______.
7. Caregivers should avoid getting _______ when responding to complaints from parents.
8. Sometimes a suggestion from a parent may result in a _______ that improves the overall program.
9. Knowing how to _______ a problem to a parent is just as important as knowing how to respond to one.
10. Having differences of opinion is not a reflection of a caregiver's _______ .
11. Parents have the right to make suggestions about the _______ their children receive.
12. Caregivers should listen to parents' _______ as well as their words.
13. If a child care director is unable to solve a problem, the parent should go to the _______ board or owner.
14. It is normal for _______ to occasionally occur between parents and caregivers.

ACTIVITY 27-5

DIRECTIONS: The following sentences concern ways that parents can be involved in a child care program. Using words from the word list, fill in the blanks in the sentences.

area
assigned
buying
donating
involved
long-range
short-term
upset
volunteer
work schedules

1. Planning, policy making, and ____________________ roles offer many opportunities for parent involvement.

2. Parents can become involved by ____________________ old clothes and shoes for use in dramatic play.

3. Some child care centers provide a/an ____________________ where parents can meet.

4. Parents are more likely to become ____________________ if the child care center is located near their homes.

5. Parents who have flexible ____________________ can participate in the child care program more often.

6. In a stable community, parents can work on ____________________ projects.

ACTIVITY 27-6

DIRECTIONS: Complete the following activity to analyze ways in which the community influences and provides resources for a child care program. In the box below, list the three major resources available through the community that can serve child care programs.

COMMUNITY RESOURCES

☛ ______________________________

☛ ______________________________

☛ ______________________________

In the space provided below, provide examples of ways in which community resources available in your community might be used by a child care program. An example is provided.

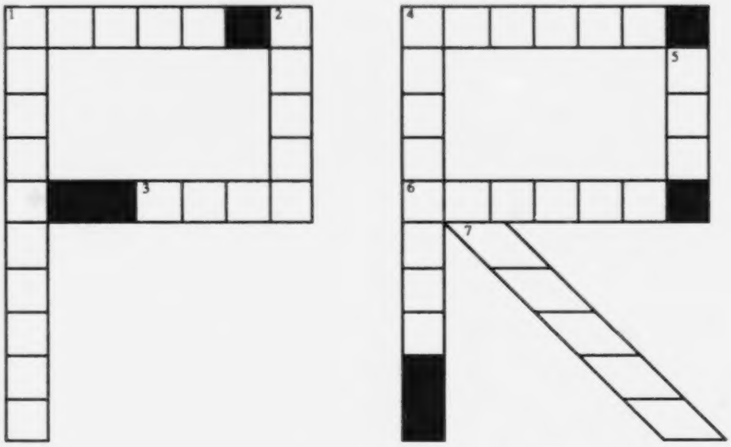
1. Department of Human Services - Families could be referred to the Department of Human Services for other services such as counseling.
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

ACTIVITY 27-7

DIRECTIONS: Write a paragraph discussing the guidelines for recruiting and using community volunteers.

ACTIVITY 27-8

DIRECTIONS: Read each statement below the PR puzzle. Place the word which best completes each item by the corresponding number in the puzzle.



DOWN

1. The _______ of a child care program's physical setting affects the program's image.
2. How a child care program is marketed influences the _______ of the program.
4. Allowing community organizations to use a child care program's building for _______ may be a positive public relations effort.
5. _______ in newspapers and on television are sometimes used to communicate a message about a child care program to the public.
7. "Word of mouth" advertising by satisfied parents is of great _______ to a child care program.

ACROSS

1. The director and staff of a child care program should be _______ of their public relations roles.
3. The _______ of a program can influence the image of the child care program.
4. When deciding how to _______ a child care program, one should consider the audience to be reached.
6. When a child care center changes locations or sponsorship, it may be necessary to _______ the public.

ACTIVITY 27-9

DIRECTIONS: Read the sentences in the following chart. Draw a ★ to the left of the items which are true about professional child care causes and organizations.

	1. Organizations provide continuing education through workshops, conferences, magazines, newspapers, pamphlets, and books.
	2. Professional and community organizations help improve working conditions of child care professionals.
	3. Organizations do not have much influence on legislators and laws affecting children.
	4. Professional organziations can network resources with other professionals, such as doctors, nutritionists, and social workers.
	5. Community and professional organizations do not provide for the development of personal relationships among child care professionals.
	6. Professional meetings should not cause caregivers to be enthusiastic about their jobs.
	7. Professional organizations provide funds for child development research.
	8. Salaries and fringe benefits are influenced by professional and community organizations, but child/staff ratios are not influenced by these groups.
	9. Organizations provide job placement services or formal position announcements.
	10. Community and professional organizations influence public opinion and legislation.